

N41276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

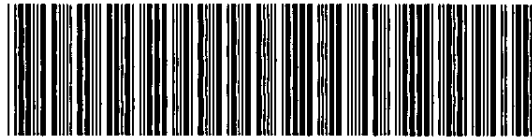
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cc dis

SEP 23 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Child Health Assistance Project Inc

**DOCUMENT NUMBER:** N41276

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Jeanne Ludwig

(Name of Contact Person)

Joseph Master & Co.

(Firm/Company)

145 Rich Ave, Suite A

(Address)

DeLand, FL 32724

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Jeanne Ludwig

(Name of Contact Person)

at ( 386 ) 736-0227

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

✓ **STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Child Health Assistance Project, Inc.

SECOND: The document number of the corporation (if known): N41276

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was August 31, 2008

The number of directors in office was five and the vote for resolution was five for and none against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: September 1, 2008  
(no more than 90 days after dissolution file date)

Signature G. Neal Wiggins MD  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

G. Neal Wiggins  
(Typed or printed name of the person signing)

Vice President & Director  
(Title of person signing)

**FILING FEE: \$35**

RESOLUTION OF THE BOARD OF DIRECTORS OF  
CHILD HEALTH ASSISTANCE PROJECT, INC

The present directors of Child Health Assistance Project, Inc, DeLand, Florida, hereby make the following findings and resolution:

WHEREAS, Child Health Assistance Project, Inc., is presently an ongoing and active not for profit corporation registered and recognized by appropriate governmental agencies; and

WHEREAS, Child Health Assistance Project, Inc., has provided services in the DeLand community through the years, in keeping with its nonprofit purpose, relating to the health / medical care of children in need who qualify for its services; and

WHEREAS, Child Health Assistance Project, Inc., has ceased providing its services due to shortage of funding; and

WHEREAS, Child Health Assistance Project, Inc., presently has funds remaining in its control in the amount of \$6,688.00; and

WHEREAS, Sunsystem Development Corporation Florida Hospital DeLand Foundation, a qualified not for profit entity, engages in raising and donating charitable funds for Florida Hospital DeLand, another qualified not for profit entity, all for the purpose of providing health / medical care in the DeLand community; and

WHEREAS, Florida Hospital DeLand, provides health / medical care for children through its BirthCare Center; and

WHEREAS, the care provided at Florida Hospital DeLand's BirthCare Center coincides with the focus of care provided through Child Health Assistance Project, Inc.; and

WHEREAS, the directors of Child Health Assistance Project, Inc, agree that it is proper to have its funds less final expenses transferred to Florida Hospital DeLand for the purposes expressed herein.

NOW, THEREFORE, it is hereby RESOLVED by the Directors of Child Health Assistance Project, Inc. that the final funds checking account balance less expenses shall be transferred and donated to SunSystem Development Corporation

Florida Hospital DeLand Foundation along with the condition that said funds be used exclusively for care and treatment to children receiving care at the BirthCare Center at Florida Hospital DeLand.

DATED THIS 29th DAY OF AUGUST 2008.  
APPROVED BY THE UNDERSIGNED DIRECTORS:

H. Neal Wigg - MD

Mary Jeanne Ludwig

Mark Zimmerman

James G. Ward

Maureen E. France