

N44497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

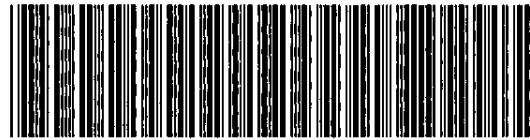
(Document Number)

Certified Copies ☒

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voldis

FEB 12 2013

T. LEWIS

A72C56

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: N44497

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

Please return all correspondence concerning this matter to the following:

John Campbell

(Name of Contact Person)

Palm Beach County Health Department

(Firm/Company)

800 Clematis Street, Floor: 05 Room: 511

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

John Campbell

(Name of Contact Person)

at (561) 671-4121

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



Florida Health Mission:

To protect, promote
& improve the health
of all people
in Florida through
integrated state, county,
& community efforts.

Rick Scott
Governor

John H. Armstrong, MD, FACS
Surgeon General & Secretary

Florida Department of Health
Division of Finance
800 Clematis Street, 5th floor
West Palm Beach, Florida 33401
PHONE: 561-671-4100
FAX: 561-837-5202

www.floridashhealth.com
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

FAX COVER SHEET

PALM BEACH COUNTY HEALTH DEPARTMENT

FINANCE & ACCOUNTING DIVISION

800 Clematis Street

West Palm Beach, FL 33402

DATE 2/6/13

TO: Andy Dunlap - 850 245-6036

FROM: Judith Goldsmith

* FAX: 850 245-6017

DEPARTMENT: _____

COMMENTS: Copy of Processed Invoice to
post. N 44497

If you have any questions call me at
561-671-4112

NUMBER OF PAGES INCLUDING COVER SHEET

10

"This transmission may contain material that is CONFIDENTIAL under Florida and Federal statutes and is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statutes. If this information is received by anyone other than named addressee, the recipient should immediately notify the sender at the above address or the telephone number and obtain instructions as to the disposal thereof. Under no circumstances should the material be shared, retained, or copied by anyone other Than the named addressee."

Description DOS ANN RPT 2013

IR 2561731

TR 51

F 593466865-023 A72C56

Invoice Rec'd Date	1/30/13
Goods/Svcs Rec'd Date	2/1/13
Goods/Svcs Insp & Appvd Date	2/5/13
I certify that the goods and services have been received and are approved for payment.	
(Signature)	
Org Code	01401 OCA
Obj Code	199 003 INV# N44492 Contract #
EO	CL



\$43.75

RECEIVED
2013 JAN 30 AM 11:15
OFFICE OF THE
CLERK OF THE
SUPREME COURT
BUSINESS OF FID

451010001324530010000
BF 001-001000
BF 000-000100

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are forms for filing Articles of Dissolution to dissolve a Florida not for profit corporation.

SUBMIT ONLY ONE FORM

Section 617.1401, Florida Statutes, provides for the dissolution of a corporation that has not commenced to conduct its affairs.

Section 617.1403, Florida Statutes, provides for the dissolution of a corporation that has commenced to conduct its affairs.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

FEES:

- | | |
|----------------------------------|--|
| X Articles of Dissolution | \$ 35.00 (Includes a letter of acknowledgment) |
| X Certified Copy (optional) | \$ 8.75 |
| Certificate of Status (optional) | \$ 8.75 |

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Amendment Section at (850) 245-6050.

CR2E059 (8/05)

** Advance payment
The goods or services are essential to the operation of
a state agency & are available only if advance payment
is made.*

*final payment
county will be taking over*

Goldsmith, Judith S

From: Fletcher, Billie H on behalf of Lobban-Marsan, Jacqueline X
Sent: Tuesday, February 05, 2013 1:43 PM
To: Goldsmith, Judith S
Subject: RE: Divisions of State 2013
Importance: High

"I Jacqueline Lobban-Marsan certify that I am the Contract Manager and the provided information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or to conduct periodic post-audits of any agreements."

Please process this Journal Transfer to complete this payment.

From: Goldsmith, Judith S
Sent: Tuesday, February 05, 2013 11:18 AM
To: Lobban-Marsan, Jacqueline X
Subject: Divisions of State 2013
Importance: High

Jackie please approve with the statement ASAP this was processed in MFMP and rejected by the auditor saying to process it on a Journal transfer.

Thanks,
Judith

From: pl17@doh.state.fl.us [mailto:pl17@doh.state.fl.us]
Sent: Tuesday, February 05, 2013 11:10 AM
To: Goldsmith, Judith S
Subject: Message from KMBT_751

35.00+
8.75+
002
43.75*



Order No. A72C56

Version Number: 1
 Internal Version: false
 Issued on Tue, 29 Jan, 2013
 Created on Tue, 29 Jan, 2013 by Ariba System

Supplier:

Dept of state, Div. of Corporations
 PO Box 6327
 Tallahassee, FL 32399-0250
 United States
 Phone: 1850-245-6979
 Fax: 1850-245-6014
 Contact: Deborah Lolke

Ship To:

Palm Beach County Health Dept.
 1060 16th St W
 Riviera Beach, FL 33404
 United States

Deliver To:

Rosa Clas

Bill To:

Palm Beach County Health Dept.
 P.O. Box 29

Finance & Accounting
 West Palm Beach, FL 33402
 United States

Entity Description: Department of Health
 Organization Code: 64365001401
 Object Code: 640000-499003
 Expansion Option: CL
 Exemption Status: Yes
 Exemption Reason?: 1E

Item	Description	Part Number	Unit	Qty	Need By	Unit Price	Extended Amount
1	Filing Fee and Certified Copy for Dissolution...		each	1	None	\$43.75000 USD	\$43.75000 USD
	Filing Fee and Certified Copy for Dissolution of the C. L. Brumback Health Center Governing Board, Inc. of Palm Beach County, Effective, January 1, 2013						

Distributors?: N
 Requester: Rosa Clas
 Ship To Code: 6450-S-19
 State Contract ID:
 Contract ID:
 Requester Phone: 561 882-3113
 PR No.: PR6977091
 MyGreenFlorida Content: N
 Method of Procurement: E - purchase under \$2,500 per rule 60A-1.002(2)
 Shipping Method: Best Way
 FOB Code: INC-Dest
 FOB Code Description: Destination freight paid by vendor and included in price. Title passes upon receipt. Vendor files any claims.
 Encumber Funds: Yes
 PO Start Date: Thu, 24 Jan, 2013
 PO End Date: Fri, 29 Mar, 2013
 Fiscal Year Indicator: 2013
 PU#: 6450
 Site Code: 640000-50
 Terms and Conditions: http://dms.myflorida.com/mtmp_PO_TC
 P Card Order?: No

Total \$43.75000 USD

Attachments

- ATTACHMENT by Betty Butler on Thursday, January 24, 2013 at 10:20 AM
 DOH Terms-Conditions - Rev 6-2011.pdf (148824 bytes)

Arriba Spend Management - Florida Department of Health

Home / Buyer / My Florida Purchases / Accounts Payable / Match / Item 1

Accounting Verification Exception - Please accept or edit the accounting information - Accepted

Matched To: Item 1
Part of:
Unit of Measure: each

Comments

Comments:

Enter Invoice Reconciliation

Comments	
Paul Kennedy	Payment should be made through a 27 [Monday, February 4, 2013 at 10:40 AM]
Paul Kennedy	Invoice Reconciliation Successfully Revalidated in PLAIR [Friday, February 1, 2013 at 10:19 AM]
Reese Glas	"I, Reese Glas, certify that I am the Contract Manager and the provided information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or to conduct periodic post-audits of any agreements." [Thursday, January 31, 2013 at 5:46 PM]

Done

VOUCHER SUMMARY DETAIL REPORT

OPERATING ORGANIZATION: 64 00 00

SITE: 50

DATE: 02 05 13

TIME: 14:41:53


VOUCH# 300001 VOUCHER TYPE C2 GROUP B BF AGENCY NAME STATE



LINE TR TRDATE L1-L5 EO VR OBJECT ...AMOUNT... GF SF FID BE IBI CAT YR CF SUB-VENDOR-ID INVOICE BKT OCA
VENDOR-ID 51 02052013 64365001401 CL 01 499003 BF-CAT BF-YR/CF BF-ORG BF-PT BF-OR OTHER DOC SEC-DOC CK-NO CK-DT N44497 B BPIN GRANT
451010001324530010000 000100 00 43.75 20 2 141001 64200700 50 040000 00 001000 CLFEE

TOTAL VOUCH# 000001

43.75

STATE OF FLORIDA CLO 640000		VOUCHER SCHEDULE JT-2		DATE 02/06/2013		S/W Agency Voucher No. D30-0042-2323 001916 B	
DEPARTMENT PALM BEACH COUNTY HEALTH DEPARTMENT SITE PALM BEACH CHD - JOHN J CAMPBELL							
CFO ACCOUNT NUMBER				CF	OBJECT CODE	TRANS CODE	25
CFO ACCOUNT NAME						TRANS CODE	45
INVOICE				INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
64202141001-6420070050-04000000 COUNTY HEALTH DEPARTMENT TRUST EXPENSES INV: N44497				43.75	4990	43.75	
45101000132-4530010000-00010000 GENERAL REVENUE FUND FEES							43.75
TRANSACTION TYPE: JOURNAL ADVICE						TOTAL	TOTAL
						43.75	43.75
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.					For State CFO Use Only		
APPROVED: 					Time In		Audited By
TITLE CFO							

ORIGINAL COPY

FILED
2013 FEB -6 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

C. L. Brumback Health Center Governing Board, Inc. of Palm Beach County

SECOND: The document number of the corporation (if known): N44497

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

December 13, 2012

_____ 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 _____

The number of directors in office was _____ and the vote for resolution was

_____ for and _____ against. (Must be a majority vote)

FOURTH: Effective date of dissolution if applicable: December 31, 2012
(no more than 90 days after dissolution file date)

Signature



(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.)

Ruth A. Doran, Ph.D.