

N47044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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LD  
effective date  
12-31-12

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 10 PM 1:25

DEC 12 2012

T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** N47044

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

Please return all correspondence concerning this matter to the following:

TL Trimble, Esq.

(Name of Contact Person)

Adventist Health System

(Firm/Company)

900 Hope Way

(Address)

Altamonte Springs, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

TL Trimble, Esq.

(Name of Contact Person)

at

(407) 357-2304

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X \$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

Effective date  
12-31-12

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

Rollins Bedford Corporation

SECOND: The document number of the corporation (if known): N47044

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

**SECTION I**

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

(CHECK/COMPLETE ONE)

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

DECEMBER 6, 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)

SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
12 DEC 10 PM 1:25

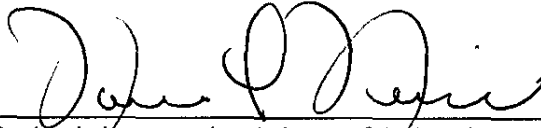
FOURTH:

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.)

TAMARA L. TRIMBLE

(Typed or printed name of the person signing)

VICE PRESIDENT

(Title of person signing)

**FILING FEE: \$35**