

# N48592

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## DISSOLUTION OR WITHDRAWAL

MEN'S ASSOCIATES OF THE MORSE GERIATRIC CENTER, INC.

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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:  
Men's Associates of the Morse Geriatric Center, Inc.

SECOND: The document number of the corporation (if known): N48592

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  
April 16, 2007 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)

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FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature *Sidney J. Rosenthal*  
(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 )

Sidney J. Rosenthal  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**

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**PLAN OF DISTRIBUTION OF ASSETS**

Pursuant to Section 614.1406, Florida Statutes, this Florida not for profit corporation adopts following Plan of Distribution of Assets:

- 1 Then name of the corporation as currently filed with Florida Department of State is Men's Associates of the Morse Geriatric Center, Inc
- 2 The document number of the corporation is N48592.
- 3 The corporation has a sole member entitled to vote on the Plan of Distribution of Assets
- 4 The date of adoption of the Plan of Distribution of Assets by the Sole Member was April 16<sup>th</sup>, 2007
- 5 The Plan of Distribution of Assets provides that all liabilities and obligations of the corporation be paid and discharged immediately.
- 6 Any assets remaining after the payment of liabilities and obligations of the corporation shall be distributed to the following 501(c)(3) charitable organization:

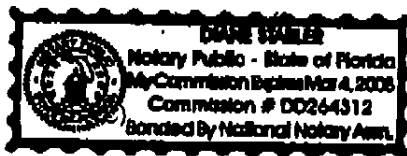
Women's Auxiliary of the	\$628,091.00 (Note)
Morse Geriatric Center, Inc.	\$ 59,400.00 (Cash)

Signed this 23 day of April, 2007

  
 \_\_\_\_\_  
 Sidney J. Rosenthal  
 as President of Men's Associates of the Morse  
 Geriatric Center, Inc

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Before me, the undersigned authority, personally appeared SIDNEY J ROSENTHAL, who acknowledged before me that he signed the foregoing document for the purposes therein expressed this 23<sup>rd</sup> day of APRIL, 2007. He is personally known to me or has produced \_\_\_\_\_ as identification.



  
 \_\_\_\_\_  
 Notary Public  
 Print Name: DIANE STADLER  
 My Commission Expires: MARCH 4, 2008

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OFFICER'S CERTIFICATE OF COMPLIANCE

The undersigned President of Men's Associates of the Morse Geriatric Center, Inc., hereby certifies the following:

The attached Plan of Distribution of Assets was adopted by the Sole Member of Men's Associates of the Morse Geriatric Center, Inc., in compliance with subsection 2 of section 617.1406, Florida Statutes

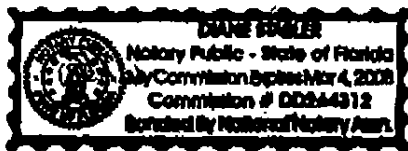
Dated: April 23, 2007.

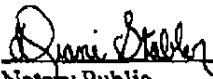
  
Sidney J. Rosenthal  
as President of Men's Associates of the Morse Geriatric Center, Inc.

STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, the undersigned authority, personally appeared SIDNEY J. ROSENTHAL, who acknowledged before me that he signed the foregoing document for the purposes therein expressed this 23 day of APRIL, 2007. He is personally known to me or ~~has produced~~ \_\_\_\_\_ as identification



  
Notary Public  
Print Name: DIANE STADLER  
My Commission Expires: MARCH 4, 2007

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