

1093 000001 394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

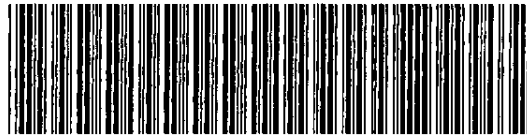
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100204049181

04/27/11--01023--010 **35.00

11 APR 27 PM 12:14
STATE OF FLORIDA
TALLAHASSEE FL 32303

DISC
5/19/11
K

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Citrus Memorial Health Foundation Management Services Corporation

DOCUMENT NUMBER: N93000001394

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

Please return all correspondence concerning this matter to the following:

Mark Williams, Chief Financial Officer

(Name of Contact Person)

Citrus Memorial Health Foundation, Inc.

(Firm/Company)

502 W. Highland Blvd.

(Address)

Inverness, FL 34452

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorrie Neander

(Name of Contact Person)

at (352) 560-6281

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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

11 APR 27 PM 12:14
REGISTRATION
TALLAHASSEE FL 32310

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:

Citrus Memorial Health Foundation Management Services Corporation

SECOND: The document number of the corporation (if known): N93000001394

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 April 25, 2011.

The number of directors in office was 8 and the vote for resolution was
8 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: April 25, 2011
(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.)

Robert L. Henigar
(Typed or printed name of the person signing)

Chairman of the Board
(Title of person signing)

FILING FEE: \$35