

N93000001672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

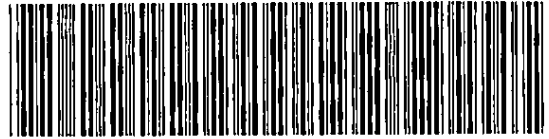
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300402121413

02/10/23--01001--006 **35.00

RECEIVED

FILED

2023 FEB -9 PM 2:32 2023 FEB -9 PM 12:26

ALLAHASSEE, FLORIDA

SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FL

2/10/2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE HOSPICE INSTITUTE OF THE FLORID.

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF DISSOLUTION
OF
THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC.**

FILED

2023 FEB -9 PM 12:26

SECRET
TALLAHASSEE, FL

In accordance with Florida Statutes §617.1403, **THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC.**, a Florida not for profit corporation, hereby adopts, delivers and files these Articles of Dissolution for the purpose of dissolving the corporation.

1. The name of the corporation is **THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC.** (the "Corporation").
2. The Articles of Incorporation of the Corporation were filed on April 14, 1993 and assigned document number N93000001672 by the Florida Department of State.
3. The date of the meeting of the Member at which the resolution to dissolve was adopted is December 14, 2021. The number of votes cast by the Member was sufficient for approval.
4. The Member authorized and directed the undersigned party to file these Articles of Dissolution on behalf of the Corporation.
5. The dissolution of the Corporation shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed these Articles as of this 6th day of February 2023.

**THE HOSPICE INSTITUTE OF THE
FLORIDA SUNCOAST, INC.,** a Florida
corporation

By: _____

Benjamin Hayes

Its: Vice Chairman & Director

NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation below for resolution of payment of unknown claims against this corporation as provided in Florida Statutes §617.1407.

Name of Corporation: THE HOSPICE INSTITUTE OF THE FLORIDA
SUNCOAST, INC.

Document # of the Corporation: N93000001672

Date of dissolution was: The date the Articles of Dissolution were filed with
the Department of State

Description of information that must be included in a written claim:

The written claim must be reasonably specific as to the basis of the claim, and the amount of the claim, and should include any supporting information that would assist in evaluating the claim.

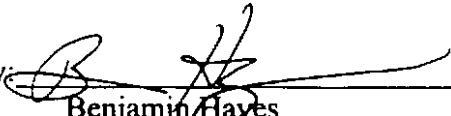
Mailing address where claims can be sent:

Christy Hendricks
The Hospice Institute of the Florida Suncoast, Inc.
5771 Roosevelt Blvd. Suite 610
Clearwater, Florida 33760-3413

A CLAIM AGAINST THE ABOVE-NAMED CORPORATION WILL BE BARRED UNLESS
A PROCEEDING TO ENFORCE A CLAIM IS COMMENCED WITHIN 4 YEARS AFTER
THE FILING OF THIS NOTICE.

THE HOSPICE INSTITUTE OF THE
FLORIDA SUNCOAST, INC., a Florida not for
profit corporation

By:


Benjamin Hayes

Its: Vice Chairman & Director