

N93000004557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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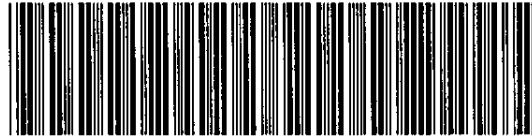


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FILED
12 MAY 21 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Valid w/notice

MAY 25 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Children's Health Services, Inc.

DOCUMENT NUMBER: N93000004557

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

Please return all correspondence concerning this matter to the following:

Vivian M. Gallo, Esq.

(Name of Contact Person)

Miami Children's Hospital

(Firm/Company)

3100 SW 62nd Avenue

(Address)

Miami, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian M. Gallo

(Name of Contact Person)

at (305) 740-5065

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

FILED

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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:
Children's Health Services, Inc.

SECOND: The document number of the corporation (if known): N93000004557

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 30, 2012.

The number of directors in office was 2 and the vote for resolution was
2 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: April 30, 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.)

M. Narendra Kini, MD

(Typed or printed name of the person signing)

President, Director

(Title of person signing)

FILING FEE: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Children's Health Services, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name & address of person or entity making a claim for payment; any and all contracts, agreements, or other documentation supporting claim; dates of business or services provided or transacted with Children's Health Services, Inc.; names and address of all individuals involved in business/transaction giving rise to claim; specific sum or amounts alleged due and payable

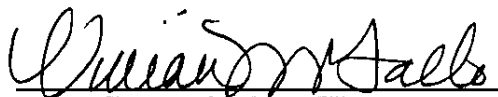
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3100 SW 62d Ave, Miami FL 33155

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Vivian M. Gallo, Esq.

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

**RESOLUTION OF THE BOARD OF DIRECTORS
OF CHILDRENS HEALTH SERVICES, INC.**

EFFECTIVE APRIL 30, 2012

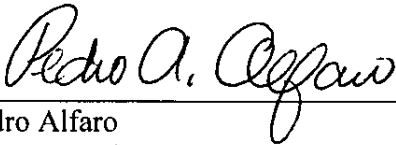
WHEREAS, the Board of Directors of Children's Health Services, Inc. has determined that its charitable purposes can best be met through other organizations going forward;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of Children's Health Services, Inc. hereby resolves to cease any and all business transactions and formally dissolve the corporate entity known as Children's Health Services, Inc. as of April 30, 2012.

RESOLVED, FURTHER, that all resolutions, or parts thereof, in conflict with the foregoing are hereby revoked to the extent of the conflict and are of no further force or effect.



M. Narendra Kini, M.D.
President, Director



Pedro Alfaro
Secretary, Director