

N93000004739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

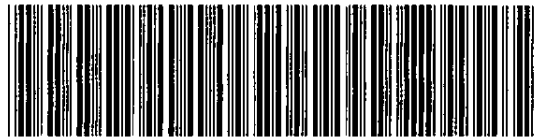
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000166272420

01/21/10--01005--018 **35.00

FILED
10 JAN 21 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss
C.COULLETTE

JAN 22 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF NOT-FOR-PROFIT CORP.

DOCUMENT NUMBER: N93000004739

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

Please return all correspondence concerning this matter to the following:

CLINTON J. MCGREW, JR MD.

(Name of Contact Person)

HERNANDO DOCTORS' CLINIC, INC.

(Firm/Company)

(MAIL ADD) 4345 HAGEN AVE.

(Address)

SPRING HILL, FL 34608

(City/State and Zip Code)

For further information concerning this matter, please call:

CLINTON J. MCGREW, JR MD at (352) 683-1877

(Name of Contact Person)

(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

FILED
10 JAN 21 PM 12:49
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:

HERNANDO DOCTORS' CLINIC, INC.

SECOND: The document number of the corporation (if known): N93 00000 4739

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
30 DECEMBER 2009. 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.

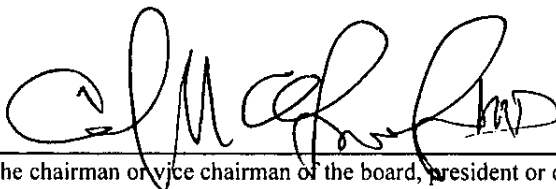
The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was

_____ for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 30 DECEMBER 2009
(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.)

CLINTON J. MCGREW, JR MD

(Typed or printed name of the person signing)

REGISTERED AGENT

(Title of person signing)

FILING FEE: \$35