

N93000004939 **InteCare**

3627 University Boulevard South
Jacksonville, FL 32216
904.391.1243 Phone
904.391.1398 Fax

Certified Return Receipt Requested

December 29, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

InteCare, Inc. is voluntarily dissolving. Enclosed are executed copies of the *Articles of Dissolution* and the *Plan of Distribution of Assets*. Also enclosed is a check made payable to the Florida Department of State for \$35.00.

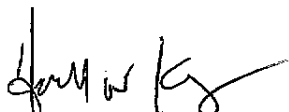
Correspondence sent to InteCare, Inc. should be addressed to:

InteCare, Inc.
3627 University Boulevard South
Suite 720
Jacksonville, FL 32082
Attention: Executive Director

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*****35.00 *****35.00

Please call me at (904) 391-1242 if you have any questions or comments.

Sincerely,


Harold W. Kruger
Executive Director

Enclosure

FILED
01 JAN -8 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

valid

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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 is InteCare, Inc.

SECOND: Adoption of dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted was
March 8, 2000

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

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

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

Signed this 20 day of November, 2000.

Signature E. Rawson Griffin, M.D.
(By the Chairman or Vice Chairman of the Board, President or other officer)

E. Rawson Griffin, M.D.
Typed or printed name

Chairman, Board of Directors
Title

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Plan of Distribution of Assets

InteCare, Inc., a Florida not-for-profit corporation, will be dissolved effective December 31, 2000. This document provides a plan for the payment of all of InteCare, Inc.'s liabilities and obligations, as well as providing for the distribution of any remaining assets.

Liabilities

All liabilities and obligations of InteCare will have been paid and discharged on or about December 31, 2001. Those liabilities and obligations include, but are not limited to the following:

1. Loans
2. Accounts Payable
3. Insurance expenses
4. Financial services
5. Claim payments
6. Overhead
7. Legal expenses
8. Taxes
9. Prior year deficits

Assets

All liabilities and obligations will be satisfied prior to a distribution of any assets.

1. All remaining assets will be donated to a qualified 501(c)(3) charity to be determined by the Board of Directors in a manner consistent with the Articles of Incorporation.

IN WITNESS WHEREOF, I certify that the members of InteCare, Inc., are not entitled to vote on a plan of distribution, and that this plan was adopted at a meeting of the Board of Directors on March 8, 2000, by a majority vote of the directors then in office, in accordance with Florida Statute Section 617.1406(2).



E. Rawson Griffin, MD
Chairman, Board of Directors



Robert M. Krieger
Secretary, Board of Directors