

N93 000 005 730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

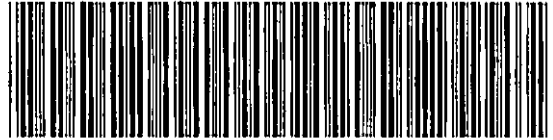
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/19/22--01009--006 \$43.75

FILED
2022 OCT 19 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL

11/19/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution of The Nova Southeastern University Health Professions
Division Foundation, Inc.

DOCUMENT NUMBER: N93000005730

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

Please return all correspondence concerning this matter to the following:

Adiagnis S. Morales, Esq., Associate Counsel
Nova Southeastern University, Inc.
Office for Legal Affairs
3301 College Avenue
Fort Lauderdale, FL 33314

For further information concerning this matter, please call:

Adiagnis S. Morales, Esq., Associate Counsel, at (954) 262-7574

Enclosed is a check for the following amount:

\$43.75 Filing Fee & Certificate of Status

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

THE NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION
FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N93000005730


THIRD: Adoption of 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 trustees was September 24, 2022.

The number of trustees in office was 22, the vote for resolution was 19, and 1 trustee abstained from voting.

Signature: _____



Dr. Fred Lippman, the Executive Director of

The Nova Southeastern University Health Professions Division Foundation, Inc.

Date: _____

10/11/2022

FILED
2022 OCT 19 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL

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: THE NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS
DIVISION FOUNDATION, 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:


1. The name of the person or entity submitting a claim;
2. A description of the nature of the claim;
3. The date upon which the claimant believes the claim arose; and
4. The mailing address, phone number, and email address of the claimant.

Mailing address where claims can be sent:

Nova Southeastern University, Inc.
Attention: President and Chief Executive Officer
3301 College Avenue
Fort Lauderdale, FL 33314

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.

Signature: _____



Dr. Fred Lippman, the Executive Director of
The Nova Southeastern University Health Professions Division Foundation, Inc.

Date: _____

