

N94000004613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

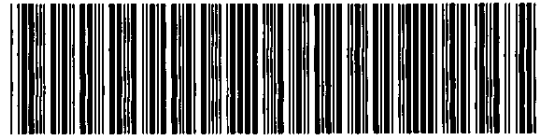
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 DEC 29 PM 2:26
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FILED
14 DEC 29 PM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WALK IN

CRM
12-29-14

Buchanan Ingersoll & Rooney PC
Attorneys & Government Relations Professionals

Dale S. Webber
813-222-8187
Dale.Webber@bipc.com

SunTrust Financial Centre
401 E. Jackson Street, Suite 2400
Tampa, FL 33602-5236
T: 813 222 8180
F: 813 222 8189
www.buchananingersoll.com

December 29, 2014

VIA HAND DELIVERY

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
14 DEC 29 PM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: **Articles of Dissolution and Notice of Corporate Dissolution**

Dear Sir or Madam:

Enclosed please find Articles of Dissolution and a Notice of Corporate Dissolution to be filed for Intracoastal Health Systems, Inc. along with a check in the amount of \$35.00 to cover the applicable filing fee and certificate of dissolution fee.

If you have any question or would like to discuss this matter further, please contact me at (813) 222-8187. Thank you for your assistance.

Very truly yours,



Dale S. Webber

DSW/kh

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes. (his 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: Intracoastal Health Systems, Inc.

SECOND: The document number of the corporation (if known): N9400004613

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 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 _____.

The number of directors was _____ and the votes for resolutions was _____ for and _____ against. (Must be a majority vote)

FOURTH: Effective date of dissolution, if applicable: Upon filing
(no more than 90 days after

dissolution file date)

Signature: _____

Howard Watts
President

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: Intracoastal Health Systems, 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:

***Claimant's name and address
All relevant facts supporting claim
Legal basis for claim
Dates when relevant facts occurred
Date when claimant learned of claim***

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

***Intracoastal Health Systems
c/o Dale S. Webber, Registered Agent
401 E. Jackson Street, Suite 2400
Tampa, FL 33602***

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.

Howard Watts, President _____



Signature of the Person Filing