

N94000004613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

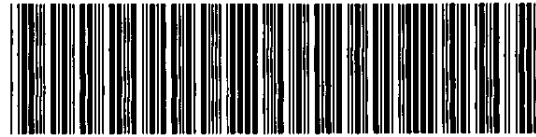
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12/30/14--01001--008 \*\*35.00

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DIVISION OF CORPORATIONS  
2014 DEC 29 PM 2:26  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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

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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

FILED  
14 DEC 29 PM 8:34  
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): N94000004613

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:***

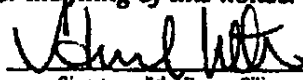
***Claimant's name and address  
All relevant facts supporting claim  
Legal basis for claim  
Dates when relevant facts occurred  
Date when claimant learned of claim***

***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***