

N96000003264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

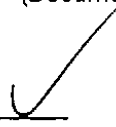
☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies



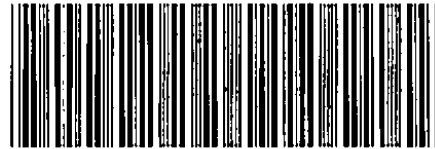
Certificates of Status

Special Instructions to Filing Officer:

per phone call with Crystal F.
on 9/30/19, she asked to Remove
Notice of Dissolution from Filing.

SP

Office Use Only



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09/26/19--01017--02

S. TALLENT

SEP 30 2019

VID



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2019

BRETT ALDRIDGE
BAPTIST HEALTH CARE CORPORATION
1717 NORTH E STREET, SUITE 320
PENSACOLA, FL 32501

SUBJECT: PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.
Ref. Number: N96000003264

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

THE NOTICE OF CORPORATE DISSOLUTION MUST BE ENTIRELY COMPLETED IN ORDER FOR IT TO BE FILED. PLEASE NOTE THIS FORM IS OPTIONAL.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00019795



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2019

BRETT ALDRIDGE
BAPTIST HEALTH CARE CORPORATION
1717 NORTH E STREET, SUITE 320
PENSACOLA, FL 32501

SUBJECT: PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.
Ref. Number: N96000003264

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

THE NOTICE OF CORPORATE DISSOLUTION MUST BE ENTIRELY COMPLETED. THIS FORM IS OPTIONAL, ONLY IF YOUR COMPANY WILL HAVE CLAIMS AGAINST IT.

PLEASE SEE THE PRINTOUT ATTACHED FOR LISTED OFFICER/DIRECTORS WHO CAN SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 319A00018378



September 17, 2019

Susan Tallent
Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.
Ref. Number: N96000003264

Dear Ms. Tallent,

As instructed, I have enclosed a copy of your letter dated September 6, 2019 and the Articles of Dissolution for the Partnership electronically signed by the appropriate parties.

If you have any questions, please call (850) 469-7413 or email brett.aldridge@bhcpns.org. Thank you for your assistance in the matter.

Sincerely,

Brett Aldridge
Vice President
Baptist Health Care

Rec 9/20/19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Partnership for a Healthy Community, Inc.

DOCUMENT NUMBER: N96000003264

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

Please return all correspondence concerning this matter to the following:

Brett Aldridge

(Name of Contact Person)

Baptist Health Care Corporation

(Firm/Company)

1717 North E Street, Suite 320

(Address)

Pensacola, FL 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

Krystle G. Fernandez

at (850) 434-4085

(Name of Contact Person)

(Area Code)

(Daytime Telephone)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status (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 C
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits its Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State is Partnership for a Healthy Community, Inc.

SECOND: The document number of the corporation (if known): N96000003264

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 was December 18, 2018. The number of votes cast by the members was in 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 and against. (Must be a majority vote)

FOURTH: Effective date of dissolution, if applicable: August 14, 2019

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date must be listed as the document's effective date on the Department of State's records.

Signature:

John Clark

(By the chairman or vice chairman of the board, president or other officer- if directors have no president- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

John Clark

(Typed or printed name of person signing)

Treasurer

(Title of person signing)