

N970000003092

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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12-31-2010

Amr Diss
① 12/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Non Profit Business

DOCUMENT NUMBER: N97000003092

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

Please return all correspondence concerning this matter to the following:

Kimberly Lehman

(Name of Contact Person)

The Mid-Florida Center for Mental Health and Substance Abuse Services, Inc.

(Firm/Company)

PO Box 33

(Address)

Avon Park, FL 33826-0033

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Lehman

(Name of Contact Person)

at (863) 443-1819

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 DEC 13 AM 8:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

November 10, 2010

**KIMBERLT LEHMAN
THE MID-FLORIDA CENTER
P.O. BOX 33
AVON PARK, FL 33826-0033**

**SUBJECT: THE MID-FLORIDA CENTER FOR MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES, INC.
Ref. Number: N97000003092**

We have received your document for THE MID-FLORIDA CENTER FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only 1(one) section of the form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00026541

EFFECTIVE DATE
12/31/2010

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 Mid-Florida Center for Mental Health and Substance Services, Inc.

SECOND: The document number of the corporation (if known): N97000003092

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 the meeting of members at which the resolution to dissolve was adopted
October 26, 2010. 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.

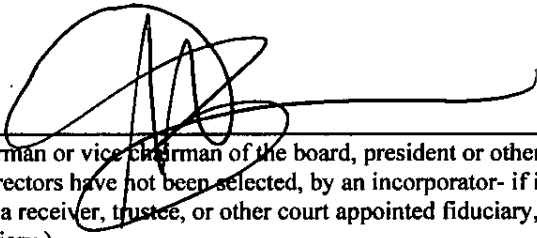
The date of adoption of the resolution by the board of directors was _____.

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

_____ for and _____ against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: December 31, 2010
(no more than 90 days after dissolution file date)

Signature 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Mia Branch
(Typed or printed name of the person signing)

Secretary/Treasurer
(Title of person signing)

FILING FEE: \$35