

N97000004836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 27 AM 9:50

RECEIVED
DEPARTMENT OF STATE
14 JUN 27 PM 2:50

C. LEWIS
JUN 30 2014
EXAMINER

Buchanan Ingersoll & Rooney PC
Attorneys & Government Relations Professionals

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June 27, 2014

VIA HAND DELIVERY

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

Re: Articles of Dissolution

Dear Sir or Madam:

Enclosed please find Articles of Dissolution of Holy Cross Long Term Care, Inc. for filing in your office, along with our firm check to cover the applicable filing fee.

If you have any questions 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

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 27 AM 9:50

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:

Holy Cross Long Term Care, Inc.

SECOND: The document number of the corporation (if known): N97000004838

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

June 16, 2014. 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)

FOURTH Effective date of dissolution, if applicable: June 30, 2014
(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)

Patrick A. Taylor, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 JUN 27 AM 9:50

PLAN OF DISSOLUTION AND DISTRIBUTION OF ASSETS OF

HOLY CROSS LONG TERM CARE, INC.

WHEREAS, Holy Cross Long Term Care, Inc. is a Florida not for profit corporation ("HCLTC"); and

WHEREAS, it is deemed advisable and in the best interest of HCLTC to dissolve HCLTC and wind up and liquidate its affairs; and

WHEREAS, all corporate approvals required for the dissolution of HCLTC have been obtained.

NOW, THEREFORE, HCLTC adopts the following Plan of Dissolution and Distribution of Assets (the "Plan"):

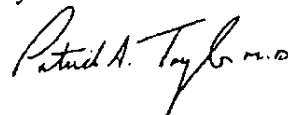
1. HCLTC has no liabilities or obligations.
2. HCLTC holds no assets upon condition requiring return, transfer or conveyance in the event of dissolution.
3. HCLTC currently neither owns or holds other assets; to the extent that HCLTC receives or holds assets in the future, any such assets shall be distributed in accordance with F.S. §617.1406 (c)-(e) to Holy Cross Hospital, Inc.
4. The President of HCLTC shall sign this Plan and file the same with the Florida Department of State together with HCLTC's Articles of Dissolution.
5. The officers of HCLTC shall cause all fees to be paid and to do or cause to be done such other acts as they may deem necessary and proper to carry out the dissolution of HCLTC.

IN WITNESS WHEREOF, this Plan of Dissolution and Distribution of Assets is executed by the President of HCLTC.

Date: June 27, 2014

Holy Cross Long Term Care, Inc.

By:

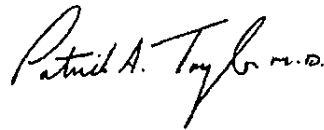


Patrick A. Taylor, M.D.
President

Certificate of Compliance with Fla. Stat. § 617.1406

I, Patrick A. Taylor, M.D., President of Holy Cross Long Term Care, Inc. ("HCLTC"), hereby authenticate the foregoing Plan of Dissolution and Distribution of Assets ("Plan") for HCLTC and certify that the requirements of Section 617.1406(1), Florida Statutes, were complied with in adopting the Plan and that the Plan was approved and adopted in accordance with the Bylaws of HCLTC.

Date: June 27, 2014

A handwritten signature in black ink, reading "Patrick A. Taylor, M.D.", written in a cursive style.

Patrick A. Taylor, M.D.
President,
Holy Cross Long Term Care, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUN 27 AM 9:50

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: Holy Cross Long Term Care, 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 Corporations)

Holy Cross Hospital, Inc.

Attn: Legal Department

4725 N. Federal Hwy.

Fort Lauderdale, Florida 33308

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.

Patrick A. Taylor, M.D., President of Holy Cross Long Term Care, Inc.

Printed Name of the Person Filing

Patrick A. Taylor, M.D.

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00