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COVER LETTER

TO: Amendment Section Division of Corporations Dissolution of Teaching Hospital Council of Florida, Inc. SUBJECT: N98000000570 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melinda L. Kennedy (Name of Contact Person) Teaching Hospital Council of Florida, Inc. (Firm/Company) 125 South Gadsden Street, Suite 300 (Address) Tallahassee, 14, 32301 (City/State and Zip Code) For further information concerning this matter, please call: at (850) 445-2740 (Daytime Telephone Number) Melinda L. Kennedy (Name of Contact Person) Enclosed is a check for the following amount: ■\$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Certified Copy Certificate of Status (Additional copy is enclosed) (Additional copy is enclosed) Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following FIRST: The name of the corporation as currently filed with the Florida Department of State: Teaching Hospital Council of Florida, Inc. SECOND: The document number of the corporation (if known): N98000000570 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 October 10, 2023 ____. 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: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not (no more than 90 days after dissolution file date) be listed as the document's effective date on the Department of State's records. Signature:/ (By the chairman or vice chairman of the board, president of 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) Melinda L. Kennedy (Typed or printed name of person signing) President (Title of person signing)

Filing Fee: \$35