

N99000003559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

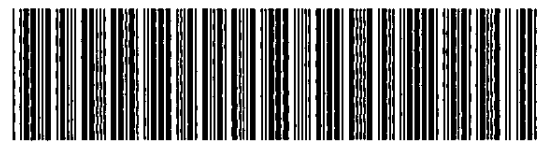
(Business Entity Name)

(Document Number)

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2008 SEP 26 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

TB 9/29/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORP.

DOCUMENT NUMBER: 59-3600529

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATION

(Firm/Company)

1431 SW FIRST AVENUE

(Address)

OCALA, FLORIDA 34476

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

at (_____)

(Area Code & Daytime Telephone Number)

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 & 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

September 18, 2008

OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATION INC.
1431 SW FIRST AVE
OCALA, FL 34476

SUBJECT: OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATION
INC.
Ref. Number: N99000003559

We have received your document for OCALA REGIONAL MEDICAL CENTER
AUXILIARY FOUNDATION INC. and your check(s) totaling \$43.75. However, the
enclosed document has not been filed and is being returned for the following
correction(s):

The document must have original signatures.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 708A00050685

RECEIVED
2008 SEP 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:
OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N99000003559

THIRD: The file date of the articles of incorporation: 6-7-1999

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- The dissolution was authorized by a majority of the directors:
OR
- The dissolution was authorized by an incorporator.
- The dissolution was authorized by a majority of the incorporators.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Veronica M. Andrews, Pres.
(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)

VERONICA ANDREWS

(Typed or printed name of person signing)

CHAIRPERSON-PRESIDENT

(Title of person signing)

Filing Fee: \$35