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To: Division of Corporations
Fax Number : (850)617-6280

From: Account Name : SHUTTS & BOWEN LLP
Account Number : 120060000106
Phone : (813)229-8900
Fax Number : (813)229-3901

**DISSOLUTION OR WITHDRAWAL
COMPASSIONATE CARE PARTNERS, INC.**

Certificate of Status	0
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ARTICLES OF DISSOLUTION
OF
COMPASSIONATE CARE PARTNERS, INC.

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

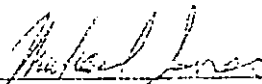
FIRST: The name of the corporation as currently filed with the Department of State is COMPASSIONATE CARE PARTNERS, INC.

SECOND: The Articles of Incorporation were filed on April 27, 2000 and assigned document number P00000042308.

THIRD: The date dissolution was authorized was December 31, 2019. The effective date of dissolution of the corporation is December 31, 2019.

FOURTH: The Dissolution was approved by the shareholders and the number of votes cast for dissolution was sufficient for approval.

DATED this 31 day Dec, 2019.



Michael C. Jones, President

2019 DEC 31 PM 1:59
FILED
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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Notice of Corporate Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporation Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: COMPASSIONATE CARE PARTNERS, 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 written claim:

Documentary and factual basis for claim; legal name and address of claimant entity or person; date upon which and reason why claim arose; asserted damages by both, amount and type; whether a claim for attorney's fees or costs is involved; and claimants knowledge of any third party or indemnifying party with an interest in the alleged claim.

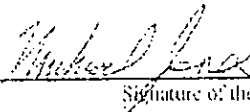
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Michael C. Jones
5977 Anise Drive
Sarasota, FL 34238

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.

Michael C. Jones, President

Printed Name of the Person Filing



Signature of the Person Filing

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