

P00000097300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

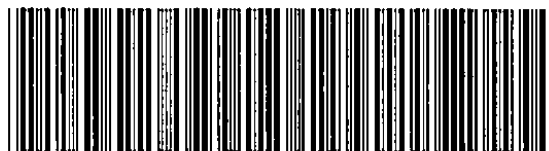
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**COVER LETTER**

APR 30, 2019

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** WOMENCARE INC

**DOCUMENT NUMBER:** P00000097300

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

Please return all correspondence concerning this matter to the following:

VICKIE GAYLE  
\_\_\_\_\_  
Name of Contact Person

WOMENCARE INC  
\_\_\_\_\_  
Firm/Company

930 LAKE BALDWIN LANE  
\_\_\_\_\_  
Address

ORLANDO, FL 32814  
\_\_\_\_\_  
City/State and Zip Code

VGAYLE@BRENDABARRYMD.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICKIE GAYLE  
\_\_\_\_\_  
Name of Contact Person At (407) 645-5595  
\_\_\_\_\_  
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

June 6, 2019

VICKIE GAYLE  
930 LAKE BALDWIN LN  
ORLANDO, FL 32814

SUBJECT: WOMENCARE, INC.  
Ref. Number: P00000097300

We have received your document for WOMENCARE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Rebekah White  
Regulatory Specialist III

Letter Number: 019A00011329

2019 JUL 10 AM 9:51



## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
WOMENCARE, INC.
- SECOND: The document number of the corporation: P00000097300
- THIRD: The file date of the articles of incorporation: October 13, 2000
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, Florida Statutes.

Signature: VICKIE GAYLE

VP BUS MGR

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative