

PO00000116381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

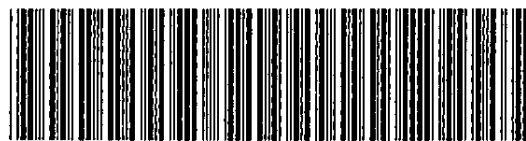
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400223761944

03/05/12--01037--024 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR - 5 PM 3:53

Any Dis  
CC  
@ 4.5.12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P00000116381

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

Please return all correspondence concerning this matter to the following:

Paul Daniels

(Name of Contact Person)

HEALTH BENEFITS RESEARCH INC.

(Firm/Company)

11587 LOST TREE WAY

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL DANIELS

(Name of Contact Person)

at ( 207 ) 522-3222

(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

March 7, 2012

PAUL DANIELS  
HEALTH BENEFITS RESEARCH, INC.  
11587 LOST TREE WAY  
NORTH PALM BEACH, FL 33408

SUBJECT: HEALTH BENEFITS RESEARCH, INC.  
Ref. Number: P00000116381

We have received your document for HEALTH BENEFITS RESEARCH, 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 CHECK ONE OF THE BOXES REFERENCING THE ADOPTION OF DISSOLUTION.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 312A00008751

RECEIVED  
12 APR -5 AM 9:06  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

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 Florida Department of State:  
HEALTH BENEFITS RESEARCH, INC

SECOND: The document number of the corporation (if known): P00000116381

THIRD: The date dissolution was authorized: JUNE 30, 2010

Effective date of dissolution if applicable: DECEMBER 31, 2010  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

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


☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

PAUL DANIELS

(Typed or printed name of person signing)

ADMINISTRATIVE OFFICER

(Title of person signing)

**Filing Fee: \$35**

12 APR - 5 PM 3:53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS