

P00000117544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

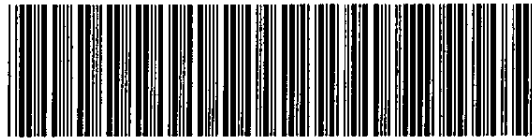
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRONTIERS OF HEALTH INC
(Name of Corporation)

DOCUMENT NUMBER: P00000117544

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

CHRISTINE PAGE MD
(Name of Person)

FRONTIERS OF HEALTH
(Firm/Company)

67 JORDAN AVE
(Address)

SAN ANSELMO CA 94960
(City/State and Zip code)

For further information concerning this matter, please call:

CHRISTINE PAGE at (415) 459 4351
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
FRONTIERS OF HEALTH, Inc.

SECOND: The document number of the corporation (if known): P00000117544

THIRD: The file date of the articles of incorporation: DEC 20 2000

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

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: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: C R Page

(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.)

CHRISTINE PAGE MD
(Typed or printed name of person signing)

PRESIDENT
(Title of Person Signing)

Filing Fee: \$35

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