

PO1000020631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

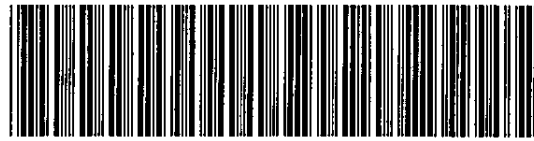
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500082667805

12/26/06--01044--010 **43.75

FILED
06 DEC 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Notice

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Centers Management of Niceville, Inc.

DOCUMENT NUMBER: P01000020631

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

Please return all correspondence concerning this matter to the following:

Lisa M. Cawood

(Name of Contact Person)

Care Centers Management Group, Inc.

(Firm/Company)

2020 Northpark, Suite 2F

(Address)

Johnson City, TN 37604-3127

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa M. Cawood

(Name of Contact Person)

at (423) 773-4485

(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

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:

Care Centers Management of Niceville, Inc.

SECOND: The document number of the corporation (if known): P01000020631

THIRD: The date dissolution was authorized: December 18, 2006

Effective date of dissolution if applicable: December 31, 2006 @ 11:59pm

(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)

J.R. Lewis

(Typed or printed name of person signing)

Sole Director

(Title of person signing)

Filing Fee: \$35

FILED
06 DEC 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Notice of Corporate Dissolution

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 Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Care Centers Management of Niceville, 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 claim:

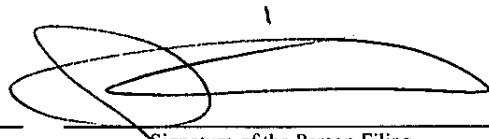
Any and all information pertinent to claim

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

Attn: Joel S. Hollingsworth, Esq.
Care Centers Management Group, Inc.
2020 Northpark, Suite 2F
Johnson City, TN 37604-3127

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.

J.R. Lewis, Sole Director
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

**ACTION OF SOLE DIRECTOR AND SOLE SHAREHOLDER OF CARE
CENTERS MANAGEMENT OF NICEVILLE, INC.**

The undersigned, being the sole Director of **CARE CENTERS MANAGEMENT OF NICEVILLE, INC.**, a Florida corporation (the "Corporation") and the sole Director of the corporation's sole shareholder, Care Centers Management Group, Inc., pursuant to Florida Statutes § 607-1402 and the Corporation's Bylaws, hereby takes the following action in lieu of a Board or Shareholders' meeting and, by unanimous consent, adopts the following resolutions:

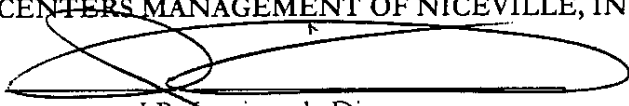
RESOLVED, that the Corporation is hereby dissolved effective as of 11:59 p.m., December 31, 2006 (the "Dissolution Date"), and the appropriate officers of the Corporation are directed to cease the business operations of the Corporation effective as of the Dissolution Date except for any action that may be necessary to wind up and liquidate the Corporation's business and affairs and any further action that may be necessary or appropriate to carry out the intent of this resolution. An appropriate Articles of Dissolution shall be filed with the Florida Department of State's office, Division of Corporations ("DOC") specifying the Dissolution Date. The Corporation shall remain in existence throughout the winding up period, and, if permitted and/or required, an appropriate Articles of Termination terminating the existence of the Corporation shall be filed with the DOC no later than December 31, 2007. Otherwise, the existence of the Corporation shall be considered terminated upon the conclusion of the winding up period.

Any required notice, of meeting or otherwise, is hereby waived.

Action taken this 18th day of December, 2006.

CARE CENTERS MANAGEMENT OF NICEVILLE, INC.

By:


J.R. Lewis, sole Director

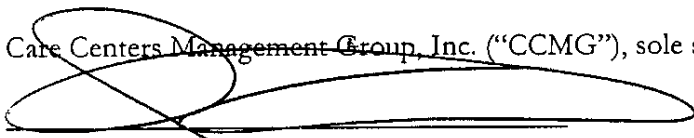
Date:

12-18-06

By:

Care Centers Management Group, Inc. ("CCMG"), sole shareholder

By:


J.R. Lewis, sole director of CCMG

Date:

12-18-06