

PD1000023080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

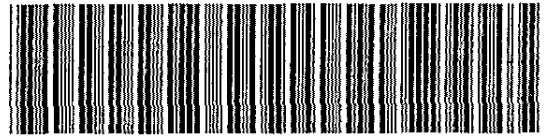
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Art Dis/w/notice
cc/cus
(10) 12/1/04



600043025546

12/03/04--01009--028 **52.50

FILED
04 DEC -3 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12.30.04

TRANSMITTAL LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P01000023080

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

Please return all correspondence concerning this matter to the following:

SUSAN K. LEACH
(Name of Person)

301 LOGAN ROAD
(Name of Firm/Company)

N.P. HEALTH CARE INC.
(Address)

MANUSFIELD, OHIO 44907
(City/State/and Zip Code)

For further information concerning this matter, please call:

SUSAN K. LEACH at (419) 756-7643
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
04 DEC -3 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12.30.04

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 Department of State:

N. P. HEALTH CARE, INC.

SECOND: The document number of the corporation (if known): P01000023080

THIRD: The date dissolution was authorized: 11-8-2004

Effective date of dissolution if applicable: 12-30-2004
(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 of 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)

Signed this 29th day of NOVEMBER, 2004.

Signature: Susan K. Leach

(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)

SUSAN K. LEACH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
04 DEC -3 PM 4:40
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: N. P. HEALTH CARE, 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:

Vendor or Claimant full name, address, and telephone number.
Date of purchase/service, full description of purchase/
service; itemized costs, name of N. P. Health Care person
authorizing the purchase/service.

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

SUSAN K. LEACH
301 LOGAN ROAD
MANSFIELD, OHIO 44907

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.

SUSAN K. LEACH
Printed Name of the Person Filing

Susan K. Leach
Signature of the Person Filing

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