

P01000096042

(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



300015280973

04/07/03--01045--019 **

FILED
03 APR -7 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 4, 2003

The Division of Corporations
Dissolution – For Profit Fl. Corp.
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Dissolution of Corporation
Gulf Coast Eldercare, Inc.
Tax Id. #59-3747594

Division of Corporations:

Please accept the enclosed dissolution of corporation form for the dissolution of Gulf Coast Eldercare, Inc. Id.# 59-3747594.

Also, please send one ^(Certificate of Status) ~~certified copy~~ of dissolution to:

Jack M. Ross
12019 Brewster Drive
Tampa, Fl. 33626
813-792-0604

Thank you.

Sincerely,



Jack M. Ross
President, Gulf Coast Eldercare, Inc.

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 is: Gulf Coast Eldercare, Inc.
TAX ID # 59-3747594

SECOND: The date dissolution was authorized: 04-04-03

THIRD: 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 vote 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 4th day of April, 2003.

Signature _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Jack Ross

(Typed or printed name)

President

(Title)

FILED
03 APR -7 AM 9:34
TALLAHASSEE
SECRETARY OF STATE
FLORIDA