

P02000052200

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(Address)

(City/State/Zip/Phone #)

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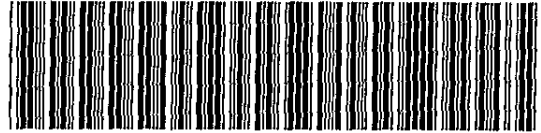
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/30

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** 01-0688136

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

Please return all correspondence concerning this matter to the following:

CHARLOTTE DALE MCCURDY

(Name of Person)

TARRANT HEALTHCARE SERVICES, INC.

(Name of Firm/Company)

12591 SE 21st PLACE

(Address)

MORRISTON, FLORIDA 32668

(City/State/and Zip Code)

For further information concerning this matter, please call:

DALE MCCURDY

(Name of Person)

at ( 352 ) 486- 1397

(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

## 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:

TARRANT HEALTHCARE SERVICES, INC.

SECOND: The document number of the corporation (if known): 01-0688136-102000052200

THIRD: The date dissolution was authorized: 10-24-03

Effective date of dissolution if applicable:

(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 \_\_\_\_\_ day of \_\_\_\_\_

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)

CHARLOTTE DALE MCCURDY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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