

P02000072282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

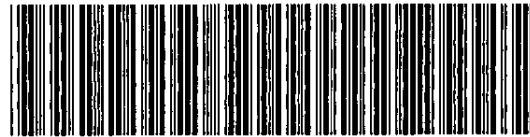
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700223789247

03/06/12--01023--012 **52.50

FILED
12 MAR -6 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 9 2012

C. MUSTAIN

Voldiss/WNote
*ews
*cc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Hospital Care Associates, PA

DOCUMENT NUMBER: P02000072282

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

Please return all correspondence concerning this matter to the following:

Matthew P. Castner

(Name of Contact Person)

Lake Hospital Care Associates, PA

(Firm/Company)

33321 East Lake Joanna Drive

(Address)

Eustis, FL 32736

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew P. Castner

(Name of Contact Person)

at (352) 551-4373

(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:

Lake Hospital Care Associates, P.A.

SECOND: The document number of the corporation (if known): P02000072282

THIRD: The date dissolution was authorized: December 31, 2011

Effective date of dissolution if applicable: December 31, 2011

(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.

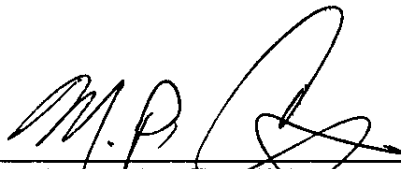
☐ Dissolution was approved by the shareholders through voting groups:

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

Unanimous approval by all share holders

(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)

Matthew P. Castner

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
12 MAR 6 AM 10:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Lake Hospital Care Associates, PA

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:

Description of services for which claim is being made including all services,
service Dates and the specific names of persons providing services and for
whom they were provided, specific names of persons who agreed to terms of
service and any and all documentation of any written agreements between
parties to provide services or agreements to accept and pay for services.

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

Lake Hospital Care Associates, PA

Attn: M. Castner

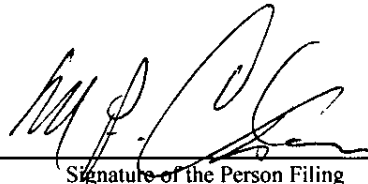
PO Box 1669

Mount Dora, FL 32756

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.

Matthew P. Castner - president

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