

PA2000082832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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FILED
05 MAR -7 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Disnotice
TS3/10/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P020000 82 882

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

Please return all correspondence concerning this matter to the following:

Cecile G. Ford

(Name of Person)

Integrity Health Services Inc

(Name of Firm/Company)

324 12th Ave N

(Address)

Jacksonville Beach, FL 32250

(City/State/and Zip Code)

For further information concerning this matter, please call:

Cecily G. Ford

(Name of Person)

at

904 249-8140

(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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

Integrity Health Services, Inc.

SECOND: The document number of the corporation (if known): PO2000082882

THIRD: The file date of the articles of incorporation was: 8/1/2002

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 1st day of March, _____.

Signature: Cecil G Ford

(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.)

Cecil G Ford
(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
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 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: Integrity Health Services 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:

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

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.

CECIL G FORD

Printed Name of the Person Filing

Cecil G Ford

Signature of the Person Filing

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