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COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Corporate Dissolution of Bridges to Health, Inc.
DOCUMENT NUMBER: P02000100951
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nadine A. Bridges
(Name of Person)
Bridges to Health, Inc.
(Name of Firm/Company)
784 Mill Stream Road
(Address)
Ponte Vedra Beach, FL 32082
(City/State/and Zip Code)
For further information concerning this matter, please call:
Nadine A. Bridges at (904) 610-3708
Nadine A. Bridges at (904) 610-3708 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\text{X}\$35 Filing Fee \$\text{\$\}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, 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 Florida Department of	of State:
٠	Bridges to Health, Inc.	
SECOND:	The document number of the corporation (if known): P02000100951	题之
THIRD:	The date dissolution was authorized: December 31, 2004	199 B
	Effective date of dissolution if applicable: December 31, 2004 (no more than 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	
	Nadine A. Bridges - President	
	Signed this 16th day of Jule 2005	
	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 reseiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	Nadine A. Bridges	
	(Typed or printed name of person signing)	
	President	* M-
	(Title of person signing)	

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 Corpo	oration: Bridges to Health, Inc.	1 1	7.4-
	ation will be the date the dissolution is filed with the Department of State or as extrictes of Dissolution. December 31, 2004		·
Description of	information that must be included in a claim:		. •
	Notice of claim against Bridges to Health, Inc.		
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		A 100	<u>***</u>
		<u></u>	<u> </u>
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Mailing address	Bridges to Health, Inc.		
	c/o Nadine Bridges	٠, -	, F
	784 Mill Stream Road		-¥m_⊈ . 5
	Ponte Vedra Beach, FL 32082		,
		-	

Signature of the Person Filing

Printed Name of the Person Filing