

P02000111884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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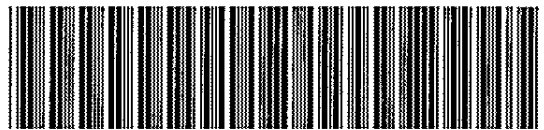
(Business Entity Name)

(Document Number)

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P02000111884  
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10-31-02  
\*Out of Sta

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUBJECT:** COMPREHENSIVE ADDICTIONS TREATMENT SVCS, INC.  
**Name of Corporation**

Enclosed are an original and one (1) copy of the articles of dissolution and a  
check for ☐ \$35.00 ☒ \$43.75 ☐ \$52.50  
Filing Fee Filing Fee Filing Fee  
& Certificate of Status Certified Copy  
Certificate of Status

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FROM:** Bonnie L. Richardson & Associate  
**Name**

13800 S. Magnolia Avenue  
**Address**

Ocala, Florida 34473  
**City, State & Zip Code**

(352) 307-0249  
**Daytime Telephone Number**

## ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: Comprehensive Addictions Treatment SVCS I.

SECOND: The filing date of the articles of incorporation was: 10/17/2002

THIRD: (CHECK ONE)

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

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

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

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 29<sup>th</sup> day of October, 2002.

Signature

Sally Campbell Anker

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

SALLY CAMPBELL ANKER

(Typed or printed name)

DIRECTOR

Incorporator

(Title)

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