

PO20000122122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

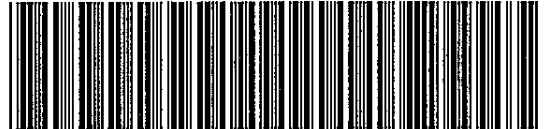
(Document Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



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04/13/06--01036--022 **43.75

EFFECTIVE DATE

4-15-06

FILED

06 APR 13 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VB

T. Roberts APR 20 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlantic Healthcare Solutions, Inc.

DOCUMENT NUMBER: P02000122122

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

Please return all correspondence concerning this matter to the following:

Amy H. Rubin

(Name of Contact Person)

Atlantic Healthcare Solutions, Inc.

(Firm/Company)

111 West Hampton Way

(Address)

Columbia

SC

29229

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy H. Rubin

(Name of Contact Person)

at (954) 232-0112

(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

EFFECTIVE DATE

4-15-06

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:

Atlantic Healthcare Solutions, Inc.

SECOND: The document number of the corporation (if known): P02000122122

THIRD: The date dissolution was authorized: 4/01/2006

Effective date of dissolution if applicable: 4/15/2006

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

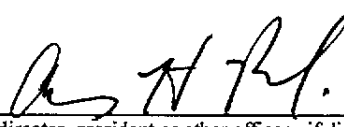
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

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)

Amy H. Rubin

(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