

P03000016955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

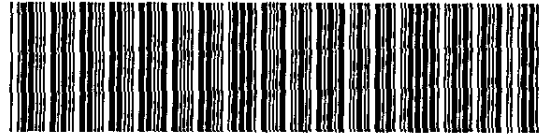
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400060752424

10/21/05--01009--005 **35.00

FILED
05 OCT 21 AM 9:02
CLERK OF STATE
TREASURY DEPT. FLORIDA

RECEIVED OCT 25 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF A CORPORATION

DOCUMENT NUMBER: P03000016955

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

Please return all correspondence concerning this matter to the following:

MAYBEL A. THOMAS
(Name of Contact Person)

TREASURE COAST SCHOOL FOR HEALTH CARE STUDIES, INC.
(Firm/Company)

P.O. BOX 8641
(Address)

PORT ST. LUCIE, FL. 34985
(City/State and Zip Code)

For further information concerning this matter, please call:

MAYBEL A. THOMAS at (772) 871-1746
(Name of Contact Person) (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

FILED

05 OCT 21 AM 9:02

CLERK OF
TALAHSEE, FL

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 the Florida Department of State:

TREASURE COAST SCHOOL FOR HEALTH CARE STUDIES, INC.

SECOND: The document number of the corporation (if known): P03000016955

THIRD: The file date the articles of incorporation: FEBRUARY 12, 2003

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.

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.)

MAYBEL A. THOMAS, RN

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

FILED

05 OCT 21 AM 9:00

CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35