

P03000117607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

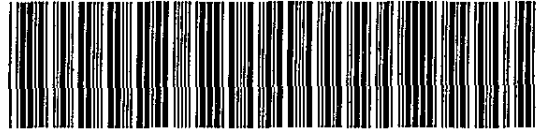
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Miss*

*Q. Conditio*

JUN 07 2004

**ROBERTO R. RUELO\***

ATTORNEY AT LAW  
16409 ASHWOOD DRIVE  
TAMPA, FLORIDA 33624-1152

813/963-7648  
FAX 813/963-7840

\*ALSO ADMITTED IN ILLINOIS

May 30, 2004

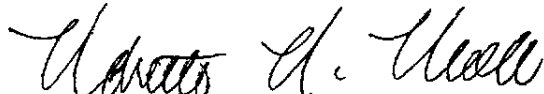
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Florida Behavioral Health Services, Inc.

Sirs/Mesdames:

Enclosed for filing, in duplicate, are the Articles of Dissolution of the above-named Florida for profit corporation, together with a check for \$35.00 for filing fee. Should you have any questions or need further information or documentation in connection with this filing, please let me know. Thank you.

Sincerely,



Roberto R. Ruelo

Enclosures

Cc: Gener Brojan (w/ enclosures)

## 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:

FLORIDA BEHAVIORAL HEALTH SERVICES, INC.

SECOND: The document number of the corporation (if known): P03000117607

THIRD: The file date of the articles of incorporation was: 10/21/2003

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.

Signed this 29th day of May, 2004

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.)

GENER BROJAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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