

P03000152312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

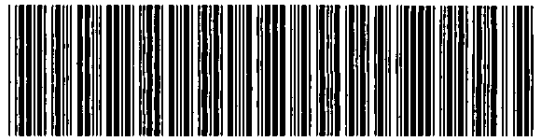
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800158523898

08/03/09--01027--024 \*\*35.00

FILED  
09 AUG -3 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FUDIS  
8/6/09

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Williston Health Care Center, Inc

DOCUMENT NUMBER: PD3 000152312

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

Please return all correspondence concerning this matter to the following:

SHELBY PARKER

(Name of Contact Person)

Williston Health Care Center, Inc

(Firm/Company)

451 Spanish Wells Ct

(Address)

Winter Garden, FL 34707

(City/State and Zip Code)

For further information concerning this matter, please call:

SHELBY PARKER

(Name of Contact Person)

at ( 407 ) 420-2090

(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

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:

Williston Health Care Center, Inc

SECOND: The document number of the corporation (if known): 903000152312

THIRD: The date dissolution was authorized: 6/30/09

Effective date of dissolution if applicable: \_\_\_\_\_

(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 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)

SHERBY PARKER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
AUG -3 PM 3:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35