

PO6000005984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

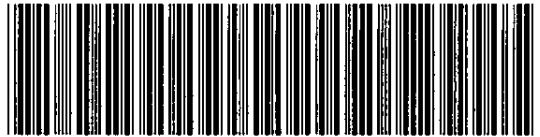
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 25 PM 2:53

Ant Diss  
@ 4.28.08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Fellowship of Integral Health Practitioners, Inc.

**DOCUMENT NUMBER:** PO 6000000 5986

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

Please return all correspondence concerning this matter to the following:

W. Chalmers Brothers  
(Name of Contact Person)

Fellowship of Integral Health Practitioners, Inc.  
(Firm/Company)

478 Heron Ave  
(Address)

Naples, FL 34108  
(City/State and Zip Code)

For further information concerning this matter, please call:

W. Chalmers Brothers at (239) 248-5000  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee (already)  
☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2008

W. CHALMERS BROTHERS  
478 HERON AVE  
NAPLES, FL 34108

SUBJECT: FELLOWSHIP OF INTEGRAL HEALTH PRACTITIONERS, INC.  
Ref. Number: P06000005986

We have received your document for FELLOWSHIP OF INTEGRAL HEALTH PRACTITIONERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days. If your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 408A00023049

RECEIVED  
2008 APR 25 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Documents included - Thank you.

WCL3f

## 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:

Fellowship of Integral Health Practitioners, Inc.

SECOND: The document number of the corporation (if known): P06000005986

THIRD: The date dissolution was authorized: 4-7-2008

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)

W. Chalmers Brothers, Jr.

(Typed or printed name of person signing)

Registered Agent & Pres.

(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 25 PM 2:53

Filing Fee: \$35