P06000006809

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: PROMISE SPECIALTY HOS	PITAL OF SAN DIEGO, INC.
DOCUMENT NUMBER: P0600006809	
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	tter to the following:
TUEDEGALAUDENZANG	
THERESA LAURENZANO	Jaman)
(Name of Contact F	,
PROMISE SPECIALTY HOSPITAL OF SAN DIEGO, INC.	
(Firm/Compa	ny)
999 YAMATO RD, 3RD FLR	
(Address)	
BOCA RATON, FL 33431	
(City/State and Zi	p Code)
For further information concerning this matter, pleas	se call:
THERESA LARENZANO at (561 869-3100
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate	5 Filing Fee & S52.50 Filing Fee, ied Copy Certificate of Status & conal copy is sed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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:		
	PROMISE SPECIALTY HOSPITAL OF SAN DIEGO, INC.		
SECOND:	The document number of the corporation (if known): P06000006809		
THIRD:	The file date of the articles of incorporation: 01/17/2006		
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 of 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.)		
	HOWARD KOSLOW		
(Typed or printed name of person signing)			
	PRESIDENT		
	(Title of Person Signing)		

Filing Fee: \$35