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	Phone : (954)791-2100	
	Account Number : 072720000101	
	Account Name : FILINGS, INC.	
From:		28
	Fax Number : (850)617-6380	· · · · · · · · · · · · · · · · · · ·
	Division of Corporations	
Ta:		2023

# DISSOLUTION OR WITHDRAWAL ADVANCED MENTAL HEALTH CARE, INC.

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Certificate of Status	0
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## COVER LETTER

# **TO:** Amendment Section **Division of Corporations**

ARTICLES OF DISSOLUTION ADVANCED MENTAL HEALTH CARE, INC. SUBJECT:

p06000054198 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

STUART A. LIPSON, ESQ.

(Name of Contact Person) LAW OFFICES OF STUART A. LIPSON 123 FEB 28 AM 8: (Fimi/Company) 16900 NE 19TH AVENUE 2555 (Address) N MIAMI BEACH, FL 33162 (City/State and Zip Code)

For further information concerning this matter, please call:

STUART A. LIPSON, ESQ. 305) 940-2800 at ( (Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

🗏 \$35 Filing Fee 🗇 \$43.75 Filing Fee & 🗇 \$43.75 Filing Fee & 🗇 \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is

Mailing Address: Amendment Section

**Division of Corporations** P.O. Box 6327 Tailahassee, FL 32314

enclosed)

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### 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:
	ADVANCED MENTAL HEALTH CARE, INC.

SECOND:	P06600054198 The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements; this date will not be listed as the document's effective date on the Department of State's records
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
S	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) MARK C. DELUCA
	(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

22

10

### Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

ADVANCED MENTAL HEALTH CARE, INC. Name of Corporation:

Date of The above named corporation is the subject of dissolution and the effective date of a dissolution is: Dissolution shall be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. (date filed with the Dept of date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

1. NAME OF CLAIMANT 2. DESCRIPTION OF CLAIM 3. AMOUNT OR ESTIMATE OF CLAIM 4. COPIES OF

CONTRACTS, INVOICES AND OTHER DOCUMENTS IN SUPPORT OF CLAIM.

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Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporation)	ions)	: 23	
C/O STUART A. LIPSON, ESQ. 16900 NE 19TH AVENUE, N. MIAMI BEACH, FL 33162 USA			

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MARK C. DELUCA Signative of the Person Filing

Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00