

P070000023143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

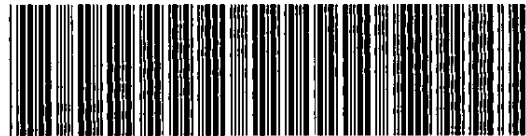
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300181308953

06/01/10--01017--026 **35.00

VD/with notes

FILED
10 JUN -9 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts
JUN 09 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2010

From

SANTIAGO A. ALPIZAR
SANTIAGO A. ALPIZAR P.A.
1699 CORAL WAY STE 512
MIAMI, FL 33145

SUBJECT: PONCE HEALTH GROUP, INC.
Ref. Number: P07000023143

We have received your document for PONCE HEALTH GROUP, 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.

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00013790

RECEIVED
JUN -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation Ponce Health Group, Inc.

DOCUMENT NUMBER: P07000023143

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

Please return all correspondence concerning this matter to the following:

SANTIAGO A. ALPIZAR

(Name of Contact Person)

SANTIAGO A. ALPIZAR P.A.

(Firm/Company)

1699 CORAL WAY SUITE 512

(Address)

MIAMI FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

SANTIAGO A. ALPIZAR

(Name of Contact Person)

at (305) 856-2494

(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:

PONCE HEALTH GROUP, INC.

SECOND: The document number of the corporation (if known): P07000023143

THIRD: The date dissolution was authorized: 05/01/2010

Effective date of dissolution if applicable: 05/01/2010

(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: Mariela Ponce

(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)

MARIELA PONCE RN

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED
10 JUN -9 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Name of Corporation: PONCE HEALTH GROUP, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

PONCE HEALTH GROUP, INC. WENT OUT OF BUSINESS AND ITS ASSETS
LIQUIDATED AS OF 5/01/2010

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2720 SW 97TH AVE

SUITE 104

MIAMI FL 33165

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.

MARIELA PONCE RN

Printed Name of the Person Filing



Signature of the Person Filing

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