

PO80000 23334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

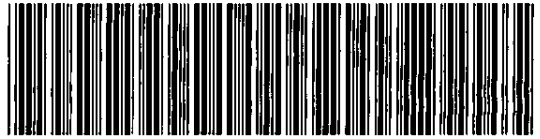
(Document Number)

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11 MAR 21 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VOLD
4/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2011

RYAN T. BOYLAN-SOUTH
LAW OFFICES OF JOHN F. TOLSON, JR.
462 KINGSLEY AVENUE, SUITE 101
ORANGE PARK, FL 32073

SUBJECT: O. P. HEALTH, INC.
Ref. Number: P08000023334

We have received your document for O. P. HEALTH, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 611A00004737

RECEIVED

11 MAR 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COPY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: O.P. HEALTH, INC.

DOCUMENT NUMBER: P08000023334

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

Please return all correspondence concerning this matter to the following:

RYAN T. BOYLAN-SOUTH

(Name of Contact Person)

LAW OFFICES OF JOHN F. TOLSON, JR.

(Firm/Company)

462 KINGSLEY AVENUE, SUITE 101

(Address)

ORANGE PARK, FLORIDA 32073

(City/State and Zip Code)

For further information concerning this matter, please call:

RYAN T. BOYLAN-SOUTH

(Name of Contact Person)

at (904) 269-0050

(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:

O.P. HEALTH, INC.

SECOND: The document number of the corporation (if known): P08000023334

THIRD: The date dissolution was authorized: FEBRUARY 18th, 2011

Effective date of dissolution if applicable: DECEMBER 31st, 2010

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

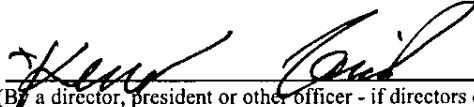
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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: 

(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)

KWAN MI NEVINS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
11 MAR 21 PM 12:30
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: O.P. HEALTH, 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:

DESCRIPTION OF ITEM/SERVICE RECEIVED BY DISSOLVED CORPORATION

DATE OF SERVICE/PURCHASE

ORIGINAL AMOUNT OF ITEM/SERVICE RECEIVED

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

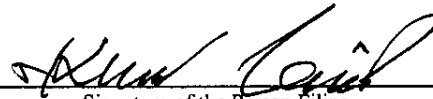
2425 SOUTHERN LINKS DRIVE

ORANGE PARK, FLORIDA 32003

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.

KWAN MI NEVINS

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