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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

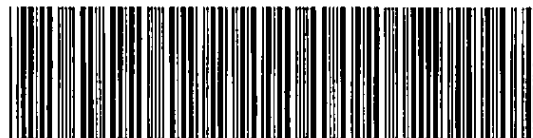
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300341193693

03/06/20--01017--015 \*\*52.50

CLERK OF SUPERIOR COURT  
JANUARY 1, 2020

2020 MAR -6 AM 7:17

FILED

MAR 24 2020

S. YOUNG

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution of Petrie Geriatric Healthcare, Inc.

DOCUMENT NUMBER: P090000035360

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

Please return all correspondence concerning this matter to the following:

Claire A. Petrie  
(Name of Contact Person)

Petrie Geriatric Healthcare  
(Firm/Company)

1286 Fernando Circle  
(Address)

Cantonment, FL 32533  
(City/State and Zip Code)

For further information concerning this matter, please call:

Claire Petrie at ( 850 516-1919 )  
(Name of Contact Person) (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  
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:

Petrie Geriatric Healthcare, Inc.

SECOND: The document number of the corporation (if known): P09000035360

THIRD: The date dissolution was authorized: 2/18/20

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

**Note:** 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.

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)

Claire A. Petrie

(Typed or printed name of person signing)

President

(Title of person signing)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
AND ASSOCIATED FIRMS

2020 MAR -6 AM 7:17

FILED

Filing Fee: \$35

## 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: Petrie Geriatric Healthcare, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

2/18/20

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

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

1286 Fernando Circle

Ortonment, FL 32533

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.

Claire A Petrie

Printed Name of the Person Filing

Claire A Petrie

Signature of the Person Filing

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