

P100000000908

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(City/State/Zip/Phone #)

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2011 APR 12 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss.

JBrown 4-12-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P10000000908

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

Please return all correspondence concerning this matter to the following:

Nancy Brignol
(Name of Contact Person)

Holistic Comprehensive Care Center, Inc.
(Firm/Company)

9207 Sw 150th Ave.
(Address)

Miami, Florida 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Ferrander at (954) 530-5881
(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 ☒ Already Paid \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2011

NANCY BRIGNOL
9207 SW 150 AVE
MIAMI, FL 33196

SUBJECT: HOLISTIC COMPREHENSIVE CARE CENTER, INC.
Ref. Number: P10000000908

We have received your document for HOLISTIC COMPREHENSIVE CARE CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 511A00005390

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:

Holistic Comprehensive Care Center, Inc.

SECOND: The document number of the corporation (if known): 810000000908

THIRD: The date dissolution was authorized: 12/31/2010

Effective date of dissolution if applicable: 2/28/2011
(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)

Lancy Brigol
(Typed or printed name of person signing)

Administrator - President
(Title of person signing)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35