

P10000026745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

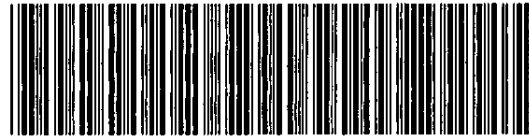
(Document Number)

Certified Copies 1

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03/06/12--01022--018 \*\*43.75

VD/with SD  
Effect date  
4-1-12

FILED  
2012 MAR 26 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2012

KELLI MALU  
PROVIDERCOACH.COM  
2582 SE 18TH AVE  
GAINESVILLE, FL 32641

SUBJECT: PROVIDERCOACH.COM INC  
Ref. Number: P10000026745

We have received your document for PROVIDERCOACH.COM 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):

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) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 412A00009035

RECEIVED  
MAR 26 AM 8:30  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION

**DOCUMENT NUMBER:** P10000026745

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

Please return all correspondence concerning this matter to the following:

KELLI D. MALU  
(Name of Contact Person)

PROVIDER COACH . COM  
(Firm/Company)

2582 SE 18th Ave  
(Address)

Gainesville FL 32641  
(City/State and Zip Code)

For further information concerning this matter, please call:

KELLI D. MALU at (352) 367-1956  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: Already PAID \* See Attached.

- ☐ \$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 submitting the following articles  
of dissolution:

FILED  
2012 MAR 26 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
PROVIDERCOACH.COM INC
- SECOND: The document number of the corporation (if known): P10000026745
- THIRD: The date dissolution was authorized: 2/20/2012  
Effective date of dissolution if applicable: 4/1/2012  
(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

SHAREHOLDERS  
(voting group)

Signature: K Malu  
(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)

KELLI D. MALU  
(Typed or printed name of person signing)

MGR / VICE PRESIDENT.  
(Title of person signing)

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: PROVIDERCOAST.COM 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:

The Corporation did not start  
business nor issued shares.  
The incorporators authorized  
the dissolution.

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

KELLI D. MALY  
2582 SE 18TH AVE  
GAINESVILLE FL 32641

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.

KELLI D. MALY  
Kmaly  
Printed Name of the Person Filing

Kmaly  
Signature of the Person Filing

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