

P10000079161

(Requestor's Name)

(Address)

(Address)

(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



100295012271

03/10/17--01019--027 **10.00

02/03/17--01003--027 **25.00

FILED
17 MAR -3 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dis. w/notice

MAR 09 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integra Health Services - Jacksonville

DOCUMENT NUMBER: P10000079161

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

Please return all correspondence concerning this matter to the following:

FRED POWELL

(Name of Contact Person)

(Firm/Company)

35 TOWNSEND PL

(Address)

ST. AUGUSTINE, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

FRED POWELL

(Name of Contact Person)

at (904 683 3266

(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

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17 MAR -3 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2017

FRED POWELL
INTEGRA HEALTH SERVICES - JACKSONVILLE
35 TOWNSEND PL
ST AUGUSTINE, FL 32092

SUBJECT: INTEGRA HEALTH SERVICES - JACKSONVILLE, INC
Ref. Number: P10000079161

We have received your document for INTEGRA HEALTH SERVICES - JACKSONVILLE, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Corporation. Please complete and return the enclosed blank form(s).

The Filing fee of this dissolution is \$35.00. We will need an additional \$10.00.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 617A00002752.

17 MAR -3 AM 7:30

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:

Integra Health Services - Jacksonville

SECOND: The document number of the corporation (if known): P10000079161

THIRD: The date dissolution was authorized: 12-31-2016

Effective date of dissolution if applicable: 12-31-2016

(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: 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

100%
(voting group)

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SECRETARY OF STATE

Signature: Fred Powell President

(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)

FRED POWELL
(Typed or printed name of person signing)

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: INTEGRA HEALTH SERVICES - JACKSONVILLE

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:

NAME
DATE
DESCRIPTION
WITNESS
ANY AND ALL DOCUMENTS

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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

FRED POWELL
35 TOWNSEND PL
ST. AUGUSTINE, FL 32092

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.

FRED POWELL
Printed Name of the Person Filing

Fred Powell
Signature of the Person Filing