P11000011617

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

10. Timenament Section	
Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: P 1100001	1617
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Peter M. Flax	
(Name of C	Contact Person)
Habitat Health Center Inc.	
(Firm	/Company)
4047 Okeechobee Blvd., Suite 1	
(Ad	dress)
West Palm Beach, FL 33409	
(City/State	e and Zip Code)
For further information concerning this matt	ter, please call:
Peter M. Flax	at (_954) <u>557-3529</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
	\$43.75 Filing Fee & \$\ \text{Spanning See} \) Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (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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ARTICLES OF DISSOLUTION

11 SEP 16 PHI2: 15

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the Tellowing RY OF STATE articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Habitat Health Center Inc.		
SECOND:	The document number of the corporation (if known): P 11000011617		
THIRD:	The file date of the articles of incorporation: 02-03-2011		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	ature:		
	(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.)		
	Peter M. Flax		
	(Typed or printed name of person signing)		
	President		
(Title of Person Signing)			

Filing Fee: \$35