

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

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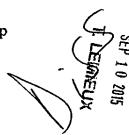
## DISSOLUTION OR WITHDRAWAL DAN CHILDREN'S HEALTHCARE SERVICES OF MISSOURI,

Certificate of Status	0
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Estimated Charge	S35.00

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9/9/2014

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Sheridan Ch	ildren's Healthcare Services of Missouri, Inc.	
DOCUMENT NUMBER: P12000	064289	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:	
(Name of	Contact Person)	
(Fin	m/Company)	
(A	ddress)	
(City/Siz	ate and Zip Code)	
	at ()  (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	unt:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	U \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  U \$52.50 Filing Fee, 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 Tailahassee, FL 32301	

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## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
Sheridan Children's Healthcare Services of Missouri, Inc.

SECOND: The document number of the corporation (if known):
P12000064289

THIRD: The file date of the articles of incorporation:
7/19/2014

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.

14 SEP -9 PM 1: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature:

(By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, mustee, or other court appointed fiduciary, by that fiduciary.)

Jillian Marcus

(Typed or printed name of person signing)

Incorporator

(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: Sheridan Children's Healthcare Services of Missouri, 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. 1

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

Printed Name of the Person Filing

Signature of the Person Filing