

P93000083511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

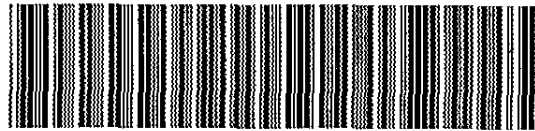
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: 93000083511

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

Please return all correspondence concerning this matter to the following:

A. T. SUTER, SECRETARY
(Name of Person)

MAGNOLIA NURSING HOME INC
(Name of Firm/Company)

12434 MANDARIN RD
(Address)

JACKSONVILLE, FL 32223
(City/State/and Zip Code)

For further information concerning this matter, please call:

J. SUTER, CPA at (904) 886-2942
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

MAGNOLIA NURSING HOME, INC.

SECOND: The document number of the corporation (if known): 93000083511

THIRD: The date dissolution was authorized: 1/18/2004

Effective date of dissolution if applicable: 1/25/2004
(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 of 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)

Signed this 25th day of JANUARY, 2004

Signature: A. T. Suter SECRETARY
(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)

A. T. SUTER

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

Filing Fee: \$35

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: MAGNOLIA NURSING HOME, 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:

ORIGINAL INVOICE DETAILING AMOUNT(S), DATE(S), CIRCUMSTANCES
OF ALLEGED CLAIM, NAME(S) OF ALL PARTIES THAT MAY
HAVE KNOWLEDGE, MAILING & STREET ADDRESSES AND
TELEPHONE NUMBERS OF ALL PARTIES INVOLVED.

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

A.T. SUTER, FORMER CORPORATE SECRETARY
FOR MAGNOLIA NURSING HOME, INC.
% 12434 MANDARIN RD
JACKSONVILLE, FL. 32223

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.

A.T. SUTER

Printed Name of the Person Filing

A.T. Suter

Signature of the Person Filing