

P94000075902

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARECONNECT INC.

DOCUMENT NUMBER: P94000075902

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

Please return all correspondence concerning this matter to the following:

KURT JOSEPH
(Name of Contact Person)

CARECONNECT INC.
(Firm/Company)

18112 NW 19TH STREET
(Address)

PEMBROKE PINES FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

KURT JOSEPH at (954) 319-4991
(Name of Contact 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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

on 2/20/2001 submits the following ar
1009 OCT 29 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Florida Department of State

CARECONNECT INC.

The date dissolution was authorized: 9/30/09

Effective date of dissolution if applicable: 4/30/09

☐ Dissolution was approved by the shareholders through voting groups.

The number of votes cast for dissolution was sufficient for approval by

(voting group)

(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)

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35