

P94000091489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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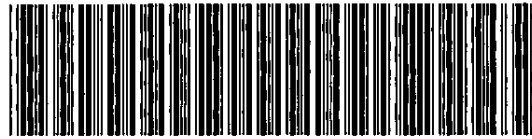
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2017 APR 13 PM 3:34

V HERRING
APR 14 2017



Harter Secrest & Emery LLP

ATTORNEYS AND COUNSELORS

WWW.HSELAW.COM

April 12, 2017

VIA UPS NEXT DAY AIR

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

Re: Dissolution of The Fountains Nursing Home, Inc.
Document Number: P94000091489

Dear Sir or Madam:

We represent The Fountains Nursing Home, Inc. Enclosed please find the following:

- 1) Cover Letter.
- 2) Articles of Dissolution - one for filing, and one additional copy.
- 3) Notice of Corporate Dissolution.
- 4) Check in the amount of \$52.50 to cover the filing fee, Certificate of Status and Certified Copy.

If you have any questions or require further information, please contact the undersigned, or Bridgett Reed whose contact information is set forth in the cover letter.

Thank you for your assistance.

Very truly yours,

Harter Secrest & Emery LLP

Ross P. Lanzafame

DIRECT DIAL 585.231.1203
EMAIL RLANZAFAME@HSELAW.COM

RPL:gaw
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P94000091489

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

Please return all correspondence concerning this matter to the following:

BRIDGETT REED

(Name of Contact Person)

ROHM SERVICES, CORP

(Firm/Company)

740 EAST AVENUE

(Address)

ROCHESTER, NEW YORK 14607

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIDGETT REED

(Name of Contact Person)

at (585) 244-0410

(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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

EFFECTIVE DATE 4/15/17

FIRST: The name of the corporation as currently filed with the Florida Department of State:

The Fountains Nursing Home, Inc.

SECOND: The document number of the corporation (if known): P9000091489 P94000091489

THIRD: The date dissolution was authorized: January 18, 2017

Effective date of dissolution if applicable: April 15, 2017

(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

(voting group)

Signature: _____

(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)

ROBERT W. HURLBUT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
DIVISION OF CORPORATION
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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: The Fountains 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:

A copy of the original invoice, indicate:

date(s) of service(s);

details of service(s) provided, including a detailed description of the service(s) and who authorized/approved the service(s);

date of invoice and original terms of payment agreed to; and

a complete account statement indicated all payments received to date.

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

ROHM Services Corp

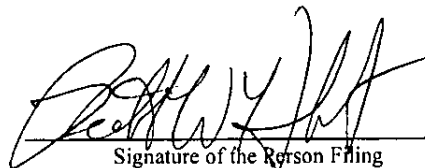
740 East Avenue

Rochester, New York 14607

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.

Robert W. Hurlbut

Printed Name of the Person Filing


Signature of the Person Filing

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