

95000007149

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ALABAMA STATE  
ALABAMA, FLORIDA

CS 1/3/05  
Diss/Inactive

Association.

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARE NETWORK ~~Management~~ <sup>Association</sup>, Inc. Dissolution  
EIN#:  
**DOCUMENT NUMBER:** 65-0349725

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

Please return all correspondence concerning this matter to the following:

Betty J. Kalim  
(Name of Person)

CARE NETWORK Management, Inc.  
(Name of Firm/Company)

2024 20<sup>th</sup> Lane  
(Address)

Palm Beach Gardens, FL 33418  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Betty Kalim at ( 561 ) 626-8668  
(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:

CARE NETWORK Association, Inc.

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

P95000007149

THIRD:

The date dissolution was authorized: January 1, 2000

Effective date of dissolution if applicable: \_\_\_\_\_

(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

(voting group)

Signed this 19<sup>th</sup> day of December, 2004

Signature:

Kathie Ruff, Vice President

(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)

Kathie Ruff

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

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