

P95000064304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500094761805

03/27/07--01045--004 **35.00

EFFECTIVE DATE

03-31-07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 MAR 27 AM 9:28

PS

DIS/NOTICE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Cap Care of Florida, Inc.

DOCUMENT NUMBER: P95000064304

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

Please return all correspondence concerning this matter to the following:

Timothy Nerhood

(Name of Contact Person)

Hendrick & Bryant, LLP

(Firm/Company)

723 Coliseum Drive, Suite 101

(Address)

Winston Salem, NC 27106-5326

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Nerhood

(Name of Contact Person)

at (336) 723-7200

(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

2007 MAR 27 AM 9: 28

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 Florida Department of State:

Cap Care of Florida, Inc.

EFFECTIVE DATE
03-31-07

SECOND: The document number of the corporation (if known): P95000064304

THIRD: The date dissolution was authorized: August 18, 1995

Effective date of dissolution if applicable: March 31, 2007 at 11:59:59 p.m.
(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.

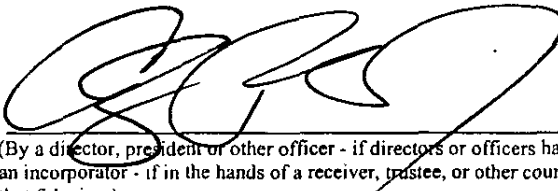
☐ Dissolution was approved by the shareholders through voting groups.

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

all of the shareholders.

(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)

Clyde Parker

(Typed or printed name of person signing)

Vice President

(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: Cap Care of Florida, 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:

Name and address of claimant

Nature of claim including date claim arose

Telephone number of representative of claimant

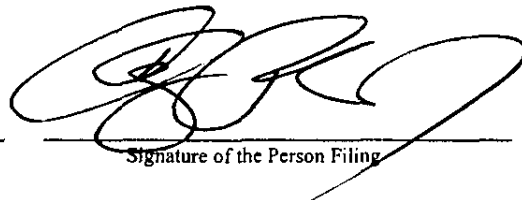
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 5967, High Point, NC 27262

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.

Clyde Parker

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