

P970000 50526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

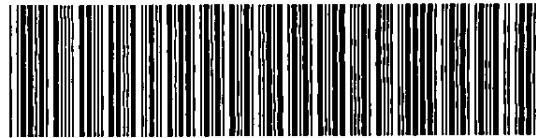
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500248519535

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 25 PM 3:57

RECEIVED
DEPARTMENT OF STATE
13 JUN 25 PM 1:51

Voldis.

06-25-13

DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 701533 7806023

AUTHORIZATION : *Adema*

COST LIMIT : \$ 35.00

ORDER DATE : June 25, 2013

ORDER TIME : 11:42 AM

ORDER NO. : 701533-005

CUSTOMER NO: 7806023

DOMESTIC FILINGS

NAME: ALLIANCE CARE OF WEST FLORIDA,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

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 Florida Department of State:

Alliance Care of West Florida, Inc.

SECOND: The document number of the corporation (if known): P97000050526

THIRD: The date dissolution was authorized: June 11, 2013

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 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: _____

Maxine Hochhauser

(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)

Maxine Hochhauser

(Typed or printed name of person signing)

CEO

(Title of person signing)

Filing Fee: \$35

FILED
13 JUN 25 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA