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## Nature Coast Midwives

200002968012--9

-08/24/99-01033-006

\*\*\*\*\*52.50 \*\*\*\*\*52.50

August 19, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
99 AUG 24 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

Enclosed, please find the Articles of Dissolution form, in accordance with section 607.1403, for Nature Coast Midwives, Inc. We have ceased all company business as of this date.

Please forward all correspondence to me at my home address, listed below. We are no longer occupying the office space indicated on this letterhead. The correct mailing address is:

22037 Mango Lane  
Dunnellon, FL 34431

Should you have the need for additional information from me, please call 352 489-3981. Thank you.

Sincerely,

*Candy Brown*

Candy Brown, L.M.  
Owner, Vice President, Secretary

*Voldis*

V. SHEPARD AUG 31 1999

## ARTICLES OF DISSOLUTION

FILED  
99 AUG 24 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: Nature Coast Midwives, Inc.

SECOND: The date dissolution was authorized: 8-19-99

THIRD: 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 vote 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 by

Susannah C. Lyon

(voting group)

Signed this 19th day of August, 19 99

Signature

Susannah C. Lyon

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Susannah C. Lyon

(Typed or printed name)

Owner, President

(Title)