

P97000086606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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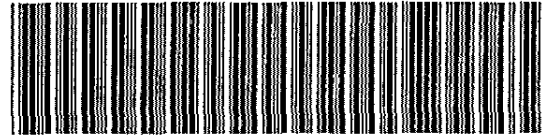
(Business Entity Name)

(Document Number)

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04 DEC -6 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

Volum. Abs.

12/07/04

DC



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 3, 2004

NOV 08 2004

CHAUNCEY R. DUNBAR  
HCM, INC.  
P. O. BOX 12000  
JACKSON, MS 39236

SUBJECT: DAYTONA BEACH HEALTHCARE & REHABILITATION, INC.  
Ref. Number: P97000086606

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A WITHDRAWAL APPLICATION TO WITHDRAWAL THE AUTHORITY OF A FOREIGN CORPORATION HAS BEEN SUBMITTED IN ERROR. ARTICLES OF DISSOLUTION MUST BE SUBMITTED IN ORDER TO DISSOLVE A FLORIDA DOMESTIC CORPORATION.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 604A00063091

RECEIVED  
04 DEC -6 AM 8:47  
DIVISION OF CORPORATIONS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DAYTONA BEACH HEALTHCARE & REHABILITATION, INC.

**DOCUMENT NUMBER:** P97000086606

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

Please return all correspondence concerning this matter to the following:

CHAUNCEY R. DUNBAR  
(Name of Person)

HCM, INC.  
(Name of Firm/Company)

P. O. BOX 12000  
(Address)

JACKSON, MS 39236  
(City/State/and Zip Code)

For further information concerning this matter, please call:

CHAUNCEY R. DUNBAR at ( 601 ) 956-1013  
(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:

DAYTONA BEACH HEALTHCARE & REHABILITATION, INC.

SECOND: The document number of the corporation (if known): P9700008606

THIRD: The date dissolution was authorized: 11/19/04

Effective date of dissolution if applicable: WHEN FILED  
(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 by

\_\_\_\_\_  
(voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Signature:

Chauncey R Dunbar

(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)

CHAUNCEY R. DUNBAR

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$35