

P98000034633

Requester's Name

Carlton  
- 101 S. 9th Ave  
Wauchula FL 33873

900002993719--1  
-03/22/99--01056--003  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT - 1 AM 8:24

Dissolution  
10-4-99

Examiner's Initials

KF



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 23, 1999

Letha Cori Carlton  
101 South 9th Avenue  
Wauchula, FL 33873

SUBJECT: NATURALCARE ASSOCIATES, PA  
Ref. Number: P98000034633

We have received your document for NATURALCARE ASSOCIATES, PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

The document must signed by the president.

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) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 199A00046632

ARTICLES OF DISSOLUTION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -1 AM 8: 24

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

FIRST: The name of the corporation is: NaturalCare Associates, PA

SECOND: The date dissolution was authorized: April 31, 1999

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

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

Signed this 28 day of September, 19 99.

Signature

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

Letha Cori Carlton

(Typed or printed name)

President

(Title)