

P99000109571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

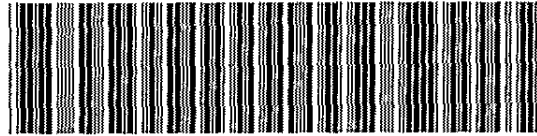
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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9-11-07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** National Health Investors/Florida, Inc.

**DOCUMENT NUMBER:** P99000109571

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

Please return all correspondence concerning this matter to the following:

Kristi Gaines

(Name of Contact Person)

National Health Investors, Inc.

(Firm/Company)

P.O. Box 1102

(Address)

Murfreesboro, TN 37133-1102

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristi Gaines

(Name of Contact Person)

at ( 615 ) 890-9100

(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

Pursuant to section 607.1401, 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:

National Health Investors/Florida, Inc.

SECOND: The document number of the corporation (if known): P99000109571

THIRD: The file date of the articles of incorporation: 12-20-99

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.


FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

Kenneth D. DenBesten

(Typed or printed name of person signing)

Secretary

(Title of Person Signing)

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07 SEP 14 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35