

# S13254

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000281428 3)))



H140002814283ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

**\*RE-SUBMIT\***

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

*12/5*

**DISSOLUTION OR WITHDRAWAL  
GAINESVILLE HEALTH CARE CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

FILED  
14 DEC -5 PM 1:44

*Dis*

Electronic Filing Menu

Corporate Filing Menu

Help

*12/9/14*

*DC*



December 8, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GAINESVILLE HEALTH CARE CENTER, INC.

7150 COLUMBIA GATEWAY DR.

SUITE J

COLUMBIA, MD 21046US

SUBJECT: GAINESVILLE HEALTH CARE CENTER, INC.

REF: S13254

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6050.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H14000281428  
Letter Number: 514A00025854

\*RE-SUBMIT\*

Please re-submit by  
date of submission 12/15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gainesville Health Care Center, Inc.

**DOCUMENT NUMBER:** S13254

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Contact Person)

Gainesville Health Care Center, Inc.

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Wright

\_\_\_\_\_  
(Name of Contact Person)

at ( 717 )

237-5294

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 607.1403, 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:

**Gainesville Health Care Center, Inc.**

**SECOND:** The document number of the corporation (if known): 813254

**THIRD:** The date dissolution was authorized: 11/1/14

**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:**

(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)

**Todd Stuckey**

(Typed or printed name of person signing)

**Chief Financial Officer**

(Title of person signing)

**Filing Fee: \$35**

FLJH - 07/30/2013 Waters Kibwe District