

# S28030

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

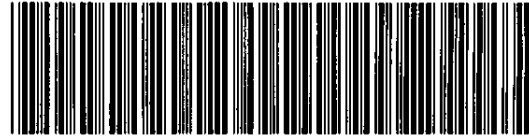
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 900254390519

12/09/13--01015--003 \*\*\$5.00

FILED  
SECRETARY OF STATE  
OFFICE OF PUBLIC AFFAIRS  
13 DEC -9 PM 11:47

DEC 12 2013  
JANUARY 1  
1302 21 330  
*[Signature]*

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: S28030

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

Please return all correspondence concerning this matter to the following:

Legal Services Department

(Name of Contact Person)

BayCare Health System, Inc.

(Firm/Company)

2985 Drew Street

(Address)

Clearwater, Florida 33759

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Kizer

(Name of Contact Person)

at ( 727 )

519-1876

(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:  
BayCare Health Network, Inc.
- SECOND: The document number of the corporation (if known): S28030
- THIRD: The date dissolution was authorized: October 1, 2013  
Effective date of dissolution if applicable: October 1, 2013  
(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)

Glenn D. Waters

(Typed or printed name of person signing)

President - Hospital Operations Division, BayCare Health System, Inc.

(Title of person signing)

**Filing Fee: \$35**

FILED  
13 DEC -9 PM 11:47

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BayCare Health Network, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Company name; contact person; mailing address; phone number; e-mail address;  
amount of claim; date of claim; description of claim; contract/documentation  
supporting claim

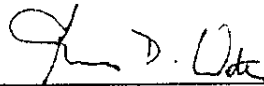
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

BayCare Health System, Inc.  
Attention: Legal Services Department  
2985 Drew Street  
Clearwater, Florida 33759

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Glenn D. Waters

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**