

V41850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

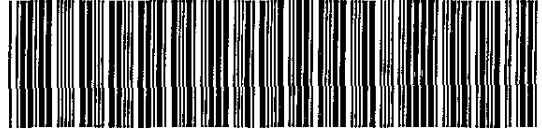
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300051352533

04/22/05--01034--014 **35.00

FILED
05 APR 22 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Smith

APR 29 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ameri-Life and Health Services of Mecklenburg County, Inc.

DOCUMENT NUMBER: V41850

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

Please return all correspondence concerning this matter to the following:

Timothy O North

(Name of Person)

Ameri-Life and Health Services of Mecklenburg County, Inc.

(Name of Firm/Company)

2536 Countryside Blvd, 6th Floor

(Address)

Clearwater FL 33763

(City/State/and Zip Code)

For further information concerning this matter, please call:

Timothy O North

(Name of Person)

at (727) 726-0726

(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 Florida Department of State:

Ameri-Life and Health Services of Mecklenburg, Inc.

SECOND: The document number of the corporation (if known): V41850

county

THIRD: The date dissolution was authorized: December 31, 2004

Effective date of dissolution if applicable: December 31, 2004

(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 31 day of DECEMBER, 2004.

Signature:

Timothy O. North

(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, that fiduciary)

Timothy O North

(Typed or printed name of person signing)

President/Director

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 22 PM 12:44

FILED