

N34005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

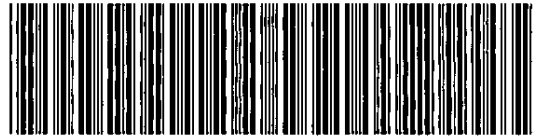
(Business Entity Name)

(Document Number)

Certified Copies     Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200155330762

05/05/09--01031--009 \*\*52.50

09 MAY -5 PM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Voldis  
Thews  
5-11-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** N34005

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

Please return all correspondence concerning this matter to the following:

Gerald F. Wennlund

(Name of Contact Person)

Florida Association of Mental Health Administrators, Inc.

(Firm/Company)

11254 58<sup>th</sup> St. No.

(Address)

Pinellas Park, FL 33782

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald F. Wennlund

(Name of Contact Person)

at ( 727 ) 362-4305

(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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Florida Association of Mental Health Administrators, Inc.

SECOND: The document number of the corporation (if known): N34005

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

**FILED**  
**09 MAY -5 PM 8:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**SECTION I**

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

The date of the meeting of members at which the resolution to dissolve was adopted \_\_\_\_\_ The number of votes cast by the members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

**SECTION II**

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 4/29/09.

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 4/29/09  
(no more than 90 days after dissolution file date)

Signature Gerald F. Wennlund  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Gerald F. Wennlund  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**