

A07000000875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

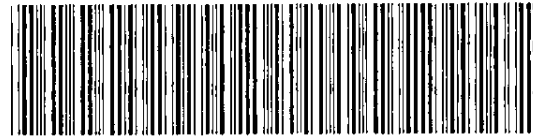
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/09/10--01011--025 **52.50

RECEIVED
10 DEC -9 AM 11:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 12/31/2010

B. KOHR
DEC - 9 2010
EXAMINER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -9 PM 2:53
FILED

GRAY ROBINSON
ATTORNEYS AT LAW

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FORT LAUDERDALE
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NAPLES
ORLANDO
TALLAHASSEE
TAMPA

E-MAIL ADDRESS
mwilkinson@gray-robinson.com

December 9, 2010

VIA HAND DELIVERY

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: *DSI Interim Healthcare, Ltd.*
Our File No. 5280-9

EFFECTIVE DATE 12/31/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -9 PM 2:53

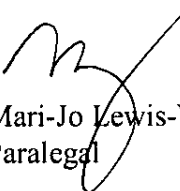
Dear Madam or Sir:

Enclosed for filing are an original and one copy of Articles of Dissolution and Notice of Dissolution for DSI INTERIM HEALTHCARE, LTD., as well as this firm's check in the amount of \$52.50. **Please note that the effective date of the dissolution is December 31, 2010.**

PLEASE FILE THESE ARTICLES AND DATE-STAMP THE COPY.

Thank you for your assistance in this matter.

Sincerely,


Mari-Jo Lewis-Wilkinson
Paralegal

Enclosures

3655692 v1

**CERTIFICATE OF DISSOLUTION
FOR
DSI INTERIM HEALTHCARE, LTD.**

Pursuant to the provisions of section 620.1203, Florida Statutes, DSI Interim Healthcare, Ltd., a Florida Limited Partnership (the "Partnership"), whose certificate was filed with the Florida Department of State on July 17, 2007 and assigned Florida document number A07000000875, hereby submits this Certificate of Dissolution.

FIRST: This certificate is being filed because all of the Partners of the Partnership have agreed to dissolve the Partnership in accordance with the applicable provisions of the Partnership's Agreement of Limited Partnership.

SECOND: A Notice of Dissolution is attached.
(Check box if attached)

THIRD: Effective date: December 31, 2010.

Dated this 1st day of October, 2010.

EFFECTIVE DATE 12/31/2010

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -9 PM 2:53

SOLE GENERAL PARTNER:

DEVELOPMENTAL SERVICES, INC.,
a Florida corporation

By: Terry W. Bangs
Name: Terry W. Bangs
Title: President

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$ 8.75

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership provided in s. 620.1807, F.S.

Name of Dissolved Limited Partnership:

DSI Interim Healthcare, Ltd.

Description of information that must be included in a claim:

Name of Claimant
Address of Claimant
Description of Claim
Amount of Claim

Mailing address where claims can be sent:

1890 State Road 436, Suite 300
Winter Park, Florida 32792

EFFECTIVE DATE 12/31/2010

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 DEC -9 PM 2:53

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

Signature of a general partner or a principal of the successor entity:

SOLE GENERAL PARTNER:

**DEVELOPMENTAL SERVICES, INC.,
a Florida corporation**

By: Terry W. Bang
Name: Terry W. Bangs
Title: President

FEE: No charge if included with Certificate of Dissolution. If filed separately, \$52.50