

PD4000031480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

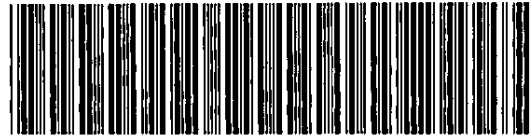
(Business Entity Name)

(Document Number)

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

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2016 DEC 21 PM 2:24

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 DEC 23 PM 12:32  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

December 13, 2016

JASON N. BISHOP / BETTER HEALTH CARE SERVICES INC  
14201 W SUNRISE BLVD SUITE 103  
SUNRISE, FL 33323 US

SUBJECT: BETTER HEALTH CARE SERVICES INC.  
Ref. Number: P04000031480

We have received your document for BETTER HEALTH CARE SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot file a revocation for an active company. I am sending the dissolution document for you to fill out.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 316A00026446

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Better Health Care Services Inc

**DOCUMENT NUMBER:** P04000031480

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

Please return all correspondence concerning this matter to the following:

Jason N Bishop  
(Name of Contact Person)

Better Health Care Services Inc  
(Firm/Company)

14201 W Sunrise Blvd Ste 103  
(Address)

Sunrise, FL 33323  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason N Bishop at (954) 473-4008  
(Name of Contact Person) (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 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:

Better Health Care Services Inc

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

P04000031480

THIRD: The date dissolution was authorized:

12/01/2016

Effective date of dissolution if applicable:

12/19/2016

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

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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)

Jason N Bishop  
(Typed or printed name of person signing)

President  
(Title of person signing)