P07000007558

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(Ad	dress)			
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SECRETARY OF SHALL OF CORPORATIONS

C1.3/15

COVER LÉTTER

Division of Corporations	
SUBJECT: Article Of Dissolution	
DOCUMENT NUMBER: P10000101132	- P070000075
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to t	the following:
Antonio Alfonso	
(Name of Contact Person)	
Kendall Home Care INC	
(Firm/Company)	
2500 sw 107 ave	
(Address)	
Miami Fl 33167	
(City/State and Zip Code	2)
For further information concerning this matter, please call:	
Antonion Alfonso at (786	333-3749
	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Certified Copy (Additional conclosed)	-
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 Kendall Home Care INC	of State:		
SECOND:	The document number of the corporation (if known): PO7 DOOD 755			
THIRD:	The date dissolution was authorized: 12-1-2014			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	n file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution		
	■ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	entitled		
	The number of votes cast for dissolution was sufficient for approval by			
	1	15		
	(voting group)	FLE FOR CO		
;	Signature:	EU Y OF STATE ORPORATION		
	(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)	ř.		
	Antonio Alfonso			
	(Typed or printed name of person signing)			
	CEO			
	(Title of person signing)			

Filing Fee: \$35

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: Kendall Home Care Inc		
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .		
Description of information that must be included in a claim:		
Kendall home care as of 12/1/2014 has no medicare provider license. So sadly we can no longer		
Provider any types of medical services to any of our patients due to CMS revoking.		
Thank you for the almost 4 years of business and hopefully future busine	ess.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	15	AIG
2500 sw 107 ave	; FEB	Sign
Miami FL 33165	018	55 SE
ste 50	A	

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.

Antonio Alfonso

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