

FROM: LAZARUS
Division of Corporations

FAX NO: 3052201440

Feb. 26 2008 04:35 PM P1

POS000007056

Florida Department of State
Division of Corporations
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DISSOLUTION OR WITHDRAWAL

CARE PLUS HOME HEALTH GROUP, CORP.

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Art Diss
@ 2/27/08

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Florida Dept. of State



February 26, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARE PLUS HOME HEALTH GROUP, CORP.

471 SW 130TH STREET

-12

MIAMI, FL 33186

SUBJECT: CARE PLUS HOME HEALTH GROUP, CORP.

REF: P08000007056

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct our document accordingly.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Karen Albritton
Regulatory Specialist II

Letter Number: 108A00011942

RECEIVED
2008 FEB 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H*08000049492

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:
CARE PLUS HOME HEALTH GROUP, CORP.

SECOND: The document number of the corporation (if known): P08000007056

THIRD: The date dissolution was authorized: 02/26/08

Effective date of dissolution if applicable: _____
(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 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)

Signature: Esteban Sardinias

(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)

ESTEBAN SARDINAS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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