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502 E. Par	NUCAUC Address	
<u>JOULGMASSEC</u> City/State/	2 11 3 23 1 425-544 Zip Phone #	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
· -	MULLESCENT Filds INC. oration Name) (Do	cument #)
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Walk in	Pick up time	
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Mail out	Will wait Photocopy	$\Box \text{ Certificate of Status} \cong \square$
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Direc	tor
Limited Liability	Change of Registered Agent	4000024281640
Domestication	Dissolution/Withdrawal	4000024281640 -02/12/9801002005 ******87.50 *****87.50
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	To John C.C. Peoply Diss, C.C. Peoply Diss, Der 2444 Coll 425-2444 425-2444
Fictitious Name	Foreign	an What 2th
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ARTICLES OF DISSOLUTION

Pursuant to Section 607.1403, Florida Statutes, this Florida Profit Corporation submits

the following articles of dissolution:

The corporation known as Putnam Convalescent Aids, Inc. whose principal place of

business is:

2505 St. Johns Avenue Post Office Box 1785 Palatka, Florida 32178-8785 United States

hereby provides notice of its dissolution. Putnam Convalescent Aids, Inc. was incorporated on May 22, 1980. These Articles of Dissolution were adopted on January 9, 1998. Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. The dissolution shall be effective as of January 9, 1998.

9th day of <u>Lebrusy</u>, 1998. Signed this

Signature: President

Alan Anderson President, Putnam Convalescent Aids, Inc.