

A070000000875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
10 DEC -9 AM 11:37

EFFECTIVE DATE 12/31/2010

B. KOHR

DEC - 9 2010

EXAMINER

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

GRAY ROBINSON  
ATTORNEYS AT LAW

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FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKE LAND  
MELBOURNE  
MIAMI  
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

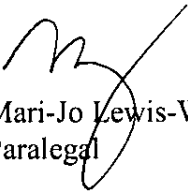
Dear Madam or Sir:

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.**

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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

FILED STATE  
SECRETARY 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

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

**Mailing address where claims can be sent:**

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

EFFECTIVE DATE 12/31/2010

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. Bangs  
Name: Terry W. Bangs  
Title: President

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