

F12797

Requester's Name

A MOMENTS NOTICE
HOME CARE

Cit 725 North A1A #A103
Jupiter, FL 33477

700003985657--3
-04/11/01--01011--001
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
01 APR 23 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 17, 2001

A MOMENTS NOTICE HEALTH CARE, INC.
725 NORTH A1A, #A103
JUPITER, FL 33477

SUBJECT: A MOMENTS NOTICE HEALTH CARE, INC.
Ref. Number: P01000022636

We have received your document for A MOMENTS NOTICE HEALTH CARE, 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):

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6869.

Teresa Brown
Corporate Specialist

Letter Number: 801A00022655

RECEIVED
01 APR 23 AM 8:49
DIVISION OF CORPORATIONS

A MOMENTS NOTICE HOME CARE, INC.

725 N. Highway A1A, Suite A-103 * Jupiter, FL 33477 * (561) 743-7774 * Fax: (561) 745-1066

April 20, 2001

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Dissolution


In response to your letter dated April 17, 2001, copy enclosed, I apologize for the error on my part for providing the incorrect corporation name. I have corrected the enclosed Articles of Dissolution to read A Moments Notice Health Care Services, Inc d/b/a A Moments Notice Home Care. And have included the EIN number 59-2070886 to further identify the corporation.

Please note when the corporation was originally set up there was a fictitious name filed to include the d/b/a A Moments Notice Home Care, but we just learned that the fictitious name expired in 1996 and our accountant overlooked refilling it with the state. I mention that in case it makes a difference when searching for the corporate name in the state records.

I hope the enclosed form has now been filled out correctly but if not please contact our office at the telephone listed above.

Thank you for your help in these regards.

Sincerely,


Patricia Anderson
Office Manager

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: A Moments Notice Health Care Service, Inc.

EIN# 59-2070886

SECOND: The filing date of the articles of incorporation was: 12/24/80

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 31 day of December 1999

Signature

Sheila A Halpin (President) sole owner

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Sheila E. Halpin
(Typed or printed name)

President

(Title)

FILED
01 APR 23 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA