

CS4476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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JAN 27 2017

R. WHITE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 480715 7864759

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : January 26, 2017

ORDER TIME : 12:50 PM

ORDER NO. : 480715-010

CUSTOMER NO: 7864759

DOMESTIC FILINGS

NAME: VISITING HOME HEALTH SERVICES,  
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Visiting Home Health Services, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** G54476  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan Thurmond  
\_\_\_\_\_

(Name of Contact Person)

Life Care Centers of America, Inc.  
\_\_\_\_\_

(Firm/Company)

3570 Keith Street, NW  
\_\_\_\_\_

(Address)

Cleveland, TN 37312  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Thurmond  
\_\_\_\_\_

at ( 423) 473-5868

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**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 State:  
Visiting Home Health Services, Inc.

SECOND: The document number of the corporation (if known): G54476

THIRD: The date dissolution was authorized: 11/14/16

Effective date of dissolution if applicable: 12/31/16

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Visiting Home Health Services, Inc.

Signature: Joan E. Thurmond

(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)

Joan E. Thurmond

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

17 JAN 26 11:07

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