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PLEASE REPLY TO:
MELBOURNE OFFICE

OF COUNSEL:
BYRON B. MATHEWS, JR.

APR 20, 2000
H09981

Secretary of State
State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Putnam Home Health Care, Inc.

Dear Sir or Madam:

400003221554--9
-04/24/00--01153--024
*****35.00 *****35.00

Enclosed please find an original plus one copy of Articles of Dissolution for the above-referenced corporation. Also enclosed is a check in the amount of \$35.00 representing the required filing fee. I would appreciate receiving a certified copy of these Articles after they have been filed.

Should you have any questions, please do not hesitate to contact the office.

Sincerely,

AMUNDSEN, MOORE & TORPY

Sheri L. Arrington

Sheri L. Arrington
Paralegal to Robert M. Lyerly

/sa

Enclosures: (As Stated)

cc: Putnam Home Health Care, Inc.

FILED
00 APR 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vol. Diss.

T BROWN MAY - 2 2000

ARTICLES OF DISSOLUTION

FILED
00 APR 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Putnam Home Health Care, Inc.

SECOND: The date dissolution was authorized: ~~March 16, 2000~~ September 30, 1999
AA

THIRD: 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 vote of 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)

Signed this 19th day of April, 00

Signature Alan E Anderson President
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Alan E. Anderson, President
(Typed or printed name)

President
(Title)