

H/30506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

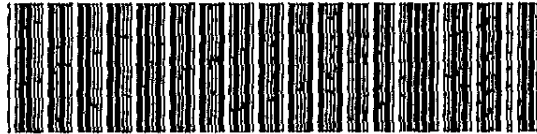
(Document Number)

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FILED

05 OCT -3 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG -2 PM 4:38
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

call.

dissew/NOT

E. Murray Moore, Jr.
Requestor's Name

215 S. Monroe St., 2nd Floor
Address

Tallahassee, FL 32304 222-3533
City/State/Zip Phone #

Office Use Only

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

1. Medical Center Home Health Care Service, Inc. #30506
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	<input checked="" type="checkbox"/> Dissolution/Withdrawal
Other	Merger

OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other

** Please*

call Roberta

@ 222-3533

to pick up

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Medical Center Home Health Care Services, Inc.

DOCUMENT NUMBER: H30506

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

Please return all correspondence concerning this matter to the following:

E. Murray Moore, Jr.

(Name of Person)

Pennington Law Firm

(Name of Law Firm)

215 S. Monroe St. 2nd Floor

(Address)

Tallahassee, Florida 32309

(City/State/and Zip Code)

For further information concerning this matter, please call:

E. Murray Moore, Jr. at (850) 222-3533

(Name of Person)

(Are Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Service ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P. O. Box 6327

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 3, 2005

PENNINGTON LAW FIRM
ATTN: E. MURRY MOORE, JR.
TALLAHASSEE, FL

Pick-up

SUBJECT: MEDICAL CENTER HOME HEALTH CARE SERVICES, INC.
Ref. Number: H30506

We have received your document for MEDICAL CENTER HOME HEALTH CARE SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 005A00050140

RECEIVED
05 OCT - 3 PM 12:00
DIVISION OF CORPORATIONS

Tallahassee, Florida 32314

Tallahassee, Florida 32399

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:
Medical Center Home Health Care Services, Inc.

SECOND: The document number of the corporation: H30506

THIRD: The date dissolution was authorized: April 27, 2005

FOURTH: ☒ Dissolution was approved unanimously by written consent of the shareholders pursuant to Section 607.0704, Florida Statute, and the Articles and Bylaws of this corporation.

FIFTH: The effective date of dissolution of this corporation is December 31, 2005.

Signed this 27th day of April, 2005.

Signature: 

G. Mark O'Bryant

(Typed or printed name of person signing)

(Chair)

FILED
05 OCT -3 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FL 32304

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment unknown claims against this corporation as provided in s. 607.1407, F. S.

This "**Notice of Corporate Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Medical Center Home Health Care Services, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

The nature and amount of the claim

The name and address of the person or entity asserting the claim

The name, telephone number and fax number of the

contact person with regard to the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Medical Center Home Health Care Services, Inc.

c/o William A. Giudice

1300 Miccosukee Road

Tallahassee, Florida 32308

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after filing of this notice.

G. Mark O'Bryant
(Printed Name of the Person Filing)

[Signature]
(Signature of the Person Filing)