

H79479Florida Department of State
Division of Corporations
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Division of Corporations
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TALLAHASSEE, FLORIDARECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDADISSOLUTION OR WITHDRAWAL
HOME INTENSIVE CARE OF FLORIDA, INC.

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9/3/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Intensive Care of Florida, Inc.

DOCUMENT NUMBER: H79479

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

Please return all correspondence concerning this matter to the following:

Sue Console

(Name of Contact Person)

Presenius Medical Care

(Firm/Company)

920 Winter Street, Suite A

(Address)

Waltham, MA 02451-1519

(City/State and Zip Code)

For further information concerning this matter, please call:

Sue Console

at (781)

699-9250

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$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
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
10 SEP -2 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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;

Home Intensive Care of Florida, Inc.

SECOND: The document number of the corporation (if known): H79479

THIRD: The date dissolution was authorized: August 30, 2010

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

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 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)

Signature:

(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)

Marc Lieberman

Asst. Treasurer (Printed name of person signing)

(Title of person signing)

Filing Fee: \$35