

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

File st

L020000024315

500008307726--7  
-10/10/02--01003--013  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

CONTACT:

Pam

DATE:

10-10-02

REF. #:

0177. 9889

CORP. NAME:

Patient Healthcare Services LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME                    |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY                  |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                         |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                              |
| <input type="checkbox"/> OTHER:                      |   |   |

23P-1321-671

STATE FEES PREPAID WITH CHECK# 503370 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- |  |   |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |

☒ PLAIN STAMPED COPY

RECEIVED  
02 OCT 10 AM 11:05  
DIVISION OF CORPORATION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

10-11-02

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 10, 2002

CORPDIRECT AGENTS, INC.

SUBJECT: PATIENT HEALTHCARE SERVICES, LLC  
Ref. Number: L02000024315

We have received your document for PATIENT HEALTHCARE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

A statement that all the remaining property and assets have been distributed among its members in accordance with their respective rights and interests must be contained in the document.

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 202A00056729

APPROVED  
AND  
FILED  
02 OCT 10 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
PATIENT HEALTHCARE SERVICES, LLC**

1. The name of the limited liability company is **PATIENT HEALTHCARE SERVICES, LLC** (the "Company").
2. The effective date of the limited liability company's dissolution is upon filing.
3. The sole member hereby waives the requirements for a special meeting, and consents to the dissolution of the Company.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. There are no suits pending against the Company in any court.

Dated: October 2, 2002.

6. Adequate provision has been made for the debts, obligations and liabilities pursuant to § 608.4421.
7. ~~as~~ Description attached. Fred Portnoy  
Fred Portnoy, sole member

MIA 262164-1.054130.0041

02 OCT 10 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**PATIENT HEALTHCARE SERVICES, LLC**

**WRITTEN CONSENT OF THE SOLE MEMBER  
IN LIEU OF A SPECIAL MEETING**

Pursuant to applicable Florida Statutes Sections, as amended, the undersigned, constituting the sole member of **PATIENT HEALTHCARE SERVICES, LLC**, a Florida limited liability company (the "Company"), does hereby certify that in lieu of a special meeting, the sole member of the Company consents to, approves and adopts the following resolutions by this instrument:

**RESOLVED:**

That it is in the best interests of the Company to dissolve the Company's existence as filed with the Florida Secretary of State on September 18, 2002, and file articles of organization in the State of Kentucky (the "Kentucky Company"); and

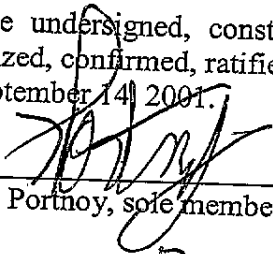
**FURTHER RESOLVED:**

That the Kentucky Company is authorized to file a certificate for authority to transact business in the State of Florida; and

**FURTHER RESOLVED:**

That the Company authorizes and approves the use of the name "Patient Healthcare Services, LLC." by the Kentucky Company.

**IN WITNESS WHEREOF**, the undersigned, constituting the sole member of the Company, has approved, adopted, authorized, confirmed, ratified, and consented to the foregoing resolutions and actions effective as of September 14, 2001.

  
Fred Portnoy, sole member

Date: October 7, 2002

APPROVED  
AND  
FILED  
02 OCT 10 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA