

L33089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

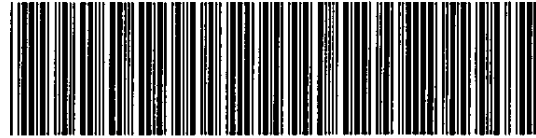
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

diss.
C. Ouellette JAN 04 2006

CORRERO FISHMAN HAYGOOD
PHELPS WALMSLEY & CASTEIX, L.L.P.

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PAULA L. MAYFIELD
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December 27, 2006

File No. 1582-018

FEDERAL EXPRESS

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Dissolution


Dear Sir/Madam:

Please file the attached Articles of Dissolution for Housecall Infusion Alternatives, Inc. in your records and send me the extra copy stamped with recordation information by return Federal Express. My firm's Federal Express account number is 1766-2683-6. I have enclosed a check in the amount of \$35 to cover the cost of this service.

If you have any questions or need any further information, you may contact me at 504-586-5247 or by e-mail at paula.mayfield@cfhlaw.com.

Thanking you in advance, I remain

Sincerely yours,


Paula L. Mayfield
Paralegal

PLM
Attachments

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:

Housecall Infusion Alternatives, Inc.

SECOND: The document number of the corporation (if known): L33089

THIRD: The date dissolution was authorized: December 22, 2006

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 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)

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TALLAHASSEE, FLORIDA

Signature: _____

Celeste Rasmussen Peiffer
(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)

Celeste Rasmussen Peiffer

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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