## L 33346

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 .
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			Fictitious Name File
			Trade/Service Mark
		1	Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
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Walk-In	Will Pick Up		Courier, ,



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 1, 2003

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

SUBJECT: PROFESSIONAL HEALTH CARE, INC.

Ref. Number: L33346



We have received your document for PROFESSIONAL HEALTH CARE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to select one of the blocks to indicate the manner of adoption for the dissolution.

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: 903A00054069



## 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 is: Professional
Health Care, Inc.  SECOND: The date dissolution was authorized: September 01, 200
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
(Autjus Blomb)
Signed this Of day of September \$2003
Signature X Then I a det
(By the Chairman or Vice Chairman of the Board, President, or other officer)
President
(Typed or printed name)
Horae Boudet
(Title)