# 100866/

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	
•	





100106491591

08/17/07--01021--006 \*\*35.00

O7 AUG 17 AM 9: 16
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D.5



# BEST Care Home Health, Inc.

### When You Want the BEST - "CALL BEST"

August 15, 2007

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Attached you will find a notice of corporate dissolution and cover letter as it relates to Best Care Home Health, Inc., effective 9/1/07.

I can be reached at the address below with any further questions.

Sincerely,

Best Care Home Health, Inc.

Marc 7. Spector, Vice President

Legal Affairs

MTS/cc

Attachment(s)

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: Best Care Home	e Health, Inc.
DOCUMENT NUMBER:	108601
The enclosed Articles of Dissolution an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Marc Spect	cor
	of Contact Person)
Best Care	
(F	Firm/Company)
	V. 2nd Avenue, Suite 355
	(Address)
Miami, Fl	Lorida 33169
(City/	State and Zip Code)
For further information concerning this	matter, please call:
Marc Spector (Name of Contact Person)	at (305 ) 652-3311  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	nount:
X \$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	& []\$43.75 Filing Fee & []\$52.50 Filing Fee, s Certified Copy Certificate of Status &
MAILING ADDRESS:	STREET ADDRESS:

Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## 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:
	Best Care Home Health, Inc.
SECOND:	The document number of the corporation (if known): M08601
THIRD:	The date dissolution was authorized: 8/01/07
	Effective date of dissolution if applicable: 9/01/07 (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)  SECURCIAN SEED AND AND AND AND AND AND AND AND AND AN
	Signature:  (By a director, president or other officer Lift directors or officers have not been selected, by an incorporator lift in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Marc Spector (Typed or printed name of person signing)
	Vice-President of Legal Affairs
	(Title of person signing)

Filing Fee: \$35