N00000003724

(Re	questor's Name)				
(Ad	dress)	***			
(Ad	dress)				
(Cit	y/State/Zip/Phone	· #)			
·					
PICK-UP	WAIT	MAIL			
	siness Entity Nan	ne)			
(Du	Siness Litary (van	ic,			
	- INC INC.	<u></u>			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
	Ü				
		[
}		1			
L					

Office Use Only



100024244541

11/03/03--01046--020 **35.00

03 NOV -3 PM 3: 18
SECRETARY OF STATE
ASSEE FLORIDA

1110103 Diss

MACFARLANE FERGUSON & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

I501 SOUTH FLORIDA AVENUE LAKELAND, FLORIDA 33803. (863) 680-9908 FAX (863) 683-2849 400 NORTH TAMPA STREET, SUITE 2300 P.O. BOX 1531 (ZIP 33601) TAMPA, FLORIDA 33602 (813) 273-4200 FAX(813) 273-4396 625 COURT STREET
P. O. BOX 1669 (ZIP 33757)
CLEARWATER, FLORIDA 33756
(727) 441-6966 FAX (727) 442-8470

IN REPLY REFER TO:

Clearwater

July 31, 2003

Department of State Division of Corporations Corporate Filings P. O. Box 6327 Tallahassee, FL 32314

Ladies and Gentlemen:

Enclosed herewith for filing are Articles of Voluntary Dissolution of Corporation in connection with Family Service Home Health, Inc.

Sincerely,

EMIL C. MARQUARDT, JR.

ECM/mf Enclosure

h:\data\aty\ecm\corporte.mis\e-j\familyserhomehealth.doc

NED AH 9: 26



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2003

Emil C. Marquardt, Jr., Esquire P.O. Box 1669 Clearwater, FL 33757

SUBJECT: FAMILY SERVICE HOME HEALTH, INC.

Ref. Number: N00000003724

We have received your document for FAMILY SERVICE HOME HEALTH, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution for a nonprofit corporation are filed pursuant to either section 617.1401 or 617.1403, Florida Statutes. A form is enclosed for your information.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 103A00044869

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is _	FAMILY	SERVICE	HOME	HEALTH	, INC.	 -	
SECOND: Adoption of dissolution (Complete Section I or II)							
SECTION I		_			!		
If the corporation has members entitle	d to vote:						
The date of the meeting of memb	ers at which	the resolution	n to dis	solve was	adopted v	was	
		<u> </u>					
(CHECK ONE)		- **			i -		
☐ The number of vo	ites cast for o	dissolution w	as suffic	cient for ap	proval.		
☐ The resolution w 617.0701, Florid	_	by written co	nsent an	d executed	in accord	ance WALLAH	O3 NOV
SECTION II ' If the corporation has no members or r	members wi	th voting rig	thts:		;	ASSEE, F	-3 PM
The corporation has no members	or members	with voting	rights.		:	STATI LORII	ين —
The date of adoption of the resolu	ation by the	board of dire	ctors wa	s Ju	Ly 24,	2003	_ · ~
The number of directors in office	was <u>four</u>	r (4) and	the vote	for the res	solution		
was four (4) for and	0 again	ist.			•		
Signed this 29th day of Octol	ber	_ _	2	2003 .	:		
Signature (By the Chairman or Vice Chairman	irman of the Bo	MAR pard, President of	or other of	ficer)	; ; ;		
	se or printed nam	<u></u>	-				
President	Title	- ,		• •			