

N13058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

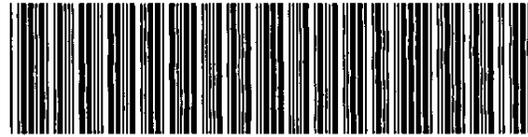
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/18/13--01010--011 **52.50

*dress with
notice*

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 NOV 18 PM 2:59

FILED

DR
11/22/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VNA Health Services Inc.

DOCUMENT NUMBER: N13058

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Orton

(Name of Contact Person)

Visiting Nurse Association of The Treasure Coast Inc

(Firm/Company)

1110 35 th Lane

(Address)

Vero Beach Fl.,32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Orton

(Name of Contact Person)

at (772)

(Area Code)

978 5570

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: 2013 MAY 10 PM 2:59

FIRST: The name of the corporation as currently filed with the Florida Department of State: VNA Health Services Inc

SECOND: The document number of the corporation (if known): N13058

THIRD: Adoption of Dissolution **(COMPLETE SECTION I OR II)**

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

The date of meeting of members at which the resolution to dissolve was adopted 09/26/13. The number of votes cast by the members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 09/30/13
(no more than 90 days after dissolution file date)

Signature: [Signature]
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

FORD J. Feyer T
(Typed or printed name of person signing)
CHAIRMAN OF THE BOARD
(Title of person signing)

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: VNA Health Services Inc.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.*

Description of information that must be included in a claim:

Address and phone number of claimant

Amount claimed; date on which claim arose

Basis of claim and documentation to support claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

111 35 th Lane Vero Beach Fl 32960

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kathleen Orton

Printed Name of the Person Filing



Signature of the Person Filing