## 

(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



## DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	$\alpha_{-2} - 14$		
Date:	1219		
Requestor Name:	Carlton Fields Jorden Burt, P.A.		
Address:	Post Office Drawer 190 Tallahassee, Florida 32302		
Telephone:	(850) 513-3619 - direct (850) 224-1585		
Contact Name:	Kim Pullen, CP, FRP		
Corporation Name:	West Florida He	ealth Home Care. Inc.	
Email Address:		<del></del>	
Entity Number:	1140000	07284	
Authorization:	Kim Pul	len	
Arch. Diss.  Certified Copy  New Filings	Dissolution  ———————————————————————————————————	Certificate of Status Annual Report	
Fictitious Name	Amendments	Registration	
(X) Call When Ready	(X)Call if Problem	( ) After 4:30	
(X) Walk In	( ) Will Wait	(X) Pick Up	

CF Internal Use Only
Client: 55586 Matter: 03171
Name: L. Flening Office: TPA

9501656.4

## ARTICLES OF DISSOLUTION OF WEST FLORIDA HEALTH HOME CARE, INC.

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of

State is West Florida Health Home Care, Inc. (the "Corporation").

SECOND:

The document number of the Corporation is N14000007284.

THIRD:

The Corporation's Articles of Incorporation were filed on August 5, 2014.

FOURTH:

The Corporation has not commenced to conduct its affairs.

FIFTH:

No debts of the Corporation remain unpaid.

SIXTH:

The dissolution was authorized by a majority of the directors.

WEST FLORIDA HEALTH HOME CARE, INC.

By:

Steve Short, Director and Authorized Agent