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(Re	equestor's Name)		
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14 SEP -2 AHII: 19

SEP. -3 2014. R. WHITE

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number Date:	FCA00000017 9-2-14	
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 t	tome Care, Inc
Email Address:	10 111 000	1660011
Entity Number:	1/14000	117700
Authorization:	am Pull	n
Certified Copy	Dissolution	Certificate of Status
New Filings	Plain Stamped Copy	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

9501656.4

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ARTICLES OF DISSOLUTION OF WEST FLORIDA HOME CARE, INC.

FILED

14 SEP -2 AM II: 19

AND AND SEA FLORIDA

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 Home Care, Inc. (the "Corporation").

SECOND:

The document number of the Corporation is N14000007711.

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 HOME CARE, INC.

Bv.

Steve Short, Director and Authorized Agent