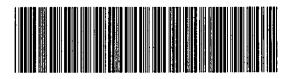
124602

(Requestor's Name)	
(Address)	
(Address)	
. (City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
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03/22/10--01040--032 **10.00

03/08/10--01034--027 **25.00



Effective Late
3-31-10
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3-23-10



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2010

PHILIP J. BRAUN, J.D. CENTRAL FLORIDA HEALTH ALLIANCE 600 EAST DIXIE AVENUE LEESBURG, FL 34748

SUBJECT: LRMC HOME HEALTH SERVICES, INC.

Ref. Number: N24602

We have received your document for LRMC HOME HEALTH SERVICES, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The filing fee for Articles of Dissolution is \$35.00. There is a balance of \$10.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 310A00006129

THE SAME OF STATE OF



LEESBURG REGIONAL MEDICAL CENTER

600 E. Dixie Avenue, Leesburg, FL 34748 (352) 323-5762

THE VILLAGES REGIONAL HOSPITAL

1451 El Camino Real, The Villages, FL 32159 (352) 751-8000

CFHAlliance.org

March 5, 2010

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

Re: Dissolution of LRMC Home Health Services, Inc.

To Whom It May Concern:

Enclosed please find Articles of Dissolution for LRMC Home Health Services, Inc. Dissolution is to be effective March 31, 2010.

Also enclosed is a cover letter and a check for \$25.00 for the filing fee.

If you have any questions please feel free to contact me at 352-323-5924.

Sincerely

Philip J. Braun Registered Agent

PB/mhk

Enclosures

TALLAHASSEE OF STATE

mits the following ORIDA

ARTICLES OF DISSOLUTION

Pursuant to s Articles of I	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following $O_{R/L}^{A/L}$ Dissolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	LRMC Home Health Services, Inc.		
SECOND:	The document number of the corporation (if known): N24602		
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 the meeting of members at which the resolution to dissolve was adopted		
	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 MARCL 2, 2010		
	The number of directors in office was and the vote for resolution was		
	for and grainst (must be a majority vote)		

FOURTH: Effective date of dissolution if applicable: Mwd 3/12 20/0 (no more than 90 days after dissolution file date)

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.)

Robert Q. Williams
(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35
