

THERESA A. RETH
108 North Magnolia Avenue
Ocala National Bank Building
Suite 318
Ocala, Florida 34475
(352) 732-7878

N970000001345

May 9, 2002

Department of State
Corporations
P.O. Box 1300
Tallahassee Florida 32302

900005558219--2
-05/20/02--01001--001
*****43.75 *****43.75

Re: Articles of Dissolution of Florida Palliative Home Care, Inc.

Dear Sir:

Enclosed is the Articles of Dissolution of Florida Palliative Home Care, Inc., with my firm check in the sum of \$43.75; this includes a filing fee of \$35.00 plus \$8.75 for a certified copy to be provided to this office.

Very truly yours,



THERESA A. RETH

FILED
02 MAY 16 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAR/jdk
Enclosures
cc: Mary Kiefert
Alice Privett
Cassie Donovan
Tim Bowen

RECEIVED

02 MAY 16 AM 10:42

DIVISION OF CORPORATIONS

5/17/02
Diss.
Spayne

FILED

02 MAY 16 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
OF FLORIDA PALLIATIVE HOME CARE, INC.

Pursuant to Section 617.1403, of the Florida Not For Profit Corporation Act, the undersigned Corporation adopts the following Articles of Dissolution,:

1. The name of the Corporation is FLORIDA PALLIATIVE HOME CARE, INC.
2. On November 27, 2001, the Members of the Corporation, all of whom are entitled to vote on dissolution, voted unanimously to dissolve the Corporation.
3. The Corporation is dissolved.

Dated this 1st day of May, 2002.

FLORIDA PALLIATIVE HOME CARE,
INC.

By: Michael Hill

MICHAEL HILL, President

ATTESTED BY:

Les C Rankin
LES RANKIN, Secretary

STATE OF FLORIDA
COUNTY OF MILAN

The foregoing instrument was acknowledged before me this 1 day of May, 2002,
by Michael Hall as President of FLORIDA PALLIATIVE HOME CARE,
INC., a not-for-profit Florida corporation, on behalf of the Corporation

☒ who is personally known to me
☐ who has produced _____
as identification

and who ☐ did ☒ did not take an oath.

[Signature]
Notary Public, State of Florida

(Seal)

My commission expires



Theresa A Reth
My Commission DD088912
Expires April 24, 2006

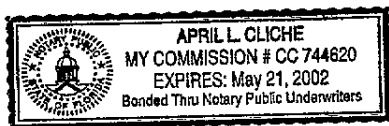
STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 7th day of May, 2002,
Attested by Les C. Rankin, as Secretary of FLORIDA PALLIATIVE HOME
CARE, INC., a not-for-profit Florida corporation, on behalf of the Corporation

☒ who is personally known to me
☐ who has produced _____
as identification

and who ☐ did ☒ did not take an oath.

(Seal)



[Signature]
Notary Public, State of Florida

APRIL L. CLICHE
My commission expires: May 21, 2002