

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
VICTORIAN NURSING SERVICES, INC.
- SECOND: The document number of the corporation: P00000109378
- THIRD: The date dissolution was authorized: March 27, 2025  
Effective date of dissolution: March 27, 2025
- FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter  
and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALAN L. SODERQUIST CHAIRMAN  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## **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. 607.1407, F.S.

Name of Corporation:

VICTORIAN NURSING 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:

ALL NECESSARY INFORMATION NECESSARY TO VALIDATE CLAIM.

Mailing address where claims can be sent:

6637 FANNIE DANIELS RD  
COLLEGE GROVE, TN 37046

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALAN L. SODERQUIST

Electronic Signature of the Person Filing