Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000142296 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: FAS-T CORP. AGENTS, INC.

Phone

Account Number : 071001002335

: (305)599-0839

Fax Number

: (305)716-0346

DISSOLUTION

CRITICARE HOME HEALTH, INC.

Certificate of Status	. 0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: CRITICARE HOME HEALTH,	INC.
SECOND:	The date dissolution was authorized: 5-21-02	
THIRD:	Adoption of Dissolution (CHECK ONE)	
EX Diss	solution was approved by the shareholders. The number of votes cast for dissipation to the sufficient for approval.	Signo
☐ Diss	olution was approved by vote of the shareholders through voting groups.	HASS
Th en	he following statement must be separately provided for each voting group titled to vote separately on the plan to dissolve:	EETC
The n	number of votes cast for dissolution was sufficient for approval by	E FLORIDA
·	(voting group)	
	ed this	
Signature <u>></u>	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
•	MARIA RODRIGUEZ	
	(Typed or printed name)	
•	CHAIRMAN OF THE BOARD OF DIRECTORS.	
	(Title)	