

PO200058569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

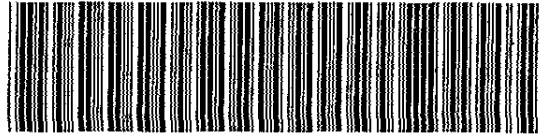
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CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps 1/20/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Horizon Medical Care, Inc - Dissolution

DOCUMENT NUMBER: P02000058569

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronnie Dubinski
(Name of Person)

Horizon Medical Care, Inc
(Name of Firm/Company)

8236 Lexington View Ln
(Address)

Orlando FL 32835
(City/State/and Zip Code)

For further information concerning this matter, please call:

Ronnie Dubinski at (407) 970-8842
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

Horizon Medical Care, Inc.

SECOND: The document number of the corporation (if known): PO2000058569

THIRD: The file date of the articles of incorporation was: 5/28/02

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 13th day of January, 2004.

Signature: Ronnie Dubinski

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Ronnie Dubinski

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA