## 02000067191

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
•	-	
Special Instructions to	Filing Officer:	





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C. MUSTAIN

## **COVER LETTER**

TO: Amendment Section

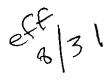
Tallahassee, FL 32314

Division of Corporations	
SUBJECT: DISSOLUTION OF	AMERICAN TROFESSIONAL HEALTH CARE
DOCUMENT NUMBER: POZOOG	1917000
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
ARTHUR L. SUI	TE
(Name of Contact	ct Person)
AMERICAN TROFESSI (Firm/Com	DNAL HEALTH CARE INC pany)
1400 SW 131 WAY B	128. B # 402
PEMBROKE PINES (City/State and	
For further information concerning this matter, pl	ease call:
ARTHUR L. SUITE a (Name of Contact Person)	At ( 954) 437 - 9181 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer (Add	3.75 Filing Fee & S52.50 Filing Fee, tified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## 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 as currently filed with the Florida Department of State:		
	AMERICAN PROFIESSIONAL HEALTHCARE IN.		
SECOND:	The document number of the corporation (if known): 70200067191		
THIRD:	The date dissolution was authorized: 58-20-2012		
	Effective date of dissolution if applicable: 08-31-2012 5 (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:——		
	The number of votes cast for dissolution was sufficient for approval by		
	Down		
	(voting group)		
	Signature:  (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)		
	(Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35