

PO20000080203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

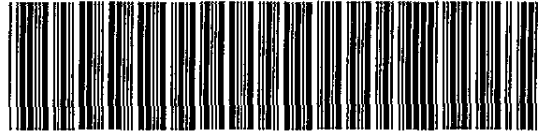
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Art Dipo/cc  
Ra 3/10/04



200029624292

03/03/04--01067--029 \*\*43.75

FILED  
04 MAR -3 PM 1:10  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P02000080203

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

Please return all correspondence concerning this matter to the following:

Crystal Arnold Newsome  
(Name of Person)

Encompassing Healthcare, Inc.  
(Name of Firm/Company)

P.O. Box 37  
(Address)

Clarksville, FL 32430  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Crystal Arnold Newsome at ( 850 ) 674-5730  
(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

FILED  
04 MAR -3 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

Emcompassing Healthcare, Inc.  
P 02000080203

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

THIRD: The file date of the articles of incorporation was: 7-24-02

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 01 day of March, 2004.

Signature:

Crystal Arnold Newsome  
(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.)

CRYSTAL ARNOLD NEWSOME  
(Typed or printed name of person signing)

OWNER/PRESIDENT  
(Title of person signing)

Filing Fee: \$35

FILED  
04 MAR -3 PM 1:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA