

P03000010584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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T. Lewis 12/24/03

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution of Articles of  
PO3000010584 Incorpora.

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Al Groholski

(Name of Person)



(Name of Firm/Company)

8482 Boca Glades Blvd. E.

(Address)

Boca Raton, FL 33434

(City/State/and Zip Code)

(33434)

For further information concerning this matter, please call:

Al Groholski

(Name of Person)

at (954) 304-5174

(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:

MEDICARE HOME THERAPY

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

PO3000010584 IT

THIRD: The file date of the articles of incorporation was:

Jan. 29<sup>th</sup>, 2003

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 17<sup>th</sup> day of December, 2003

Signature: AI Groholski

(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.)

AI Groholski  
(Typed or printed name of person signing)

President/owner (only)  
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA