

P03000027308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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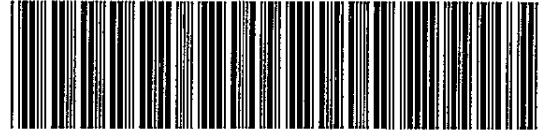
(Business Entity Name)

(Document Number)

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HR/04/04--01066--004 \*\*35.00

FILED  
04 JUN -4 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Miss*

C. Coughlin JUN 07 2004

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** #1

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

Please return all correspondence concerning this matter to the following:

Dennis C. Horan  
(Name of Person)

First Care Insurance Services, Inc.  
(Name of Firm/Company)

4540 Anaconda Drive  
(Address)

New Port Richey, FL 34655  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Dennis C. Horan at (727) 375-0929  
(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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

First Care Insurance Services, Inc.

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

THIRD: The date dissolution was authorized: 5/28/04

Effective date of dissolution if applicable: 5/28/04  
(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 of 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

President 100% of Shares owned  
(voting group)

Signed this 28 day of May, 2004

Signature: + Nicole Horan

(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)

Nicole Horan  
(Typed or printed name of person signing)

President  
(Title of person signing)

FILED  
04 JUN -4 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307

Filing Fee: \$35