

PD3000099626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

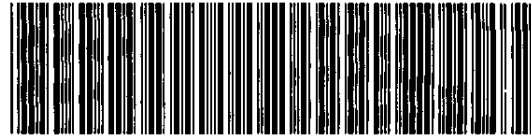
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2010 SEP 10 A 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Void/dis w/ notice  
News  
9-13-10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JOSE FRONDA ESPEJO

(Name of Contact Person)

HEALTH FORCE STAFFING, INC.

(Firm/Company)

10880 NW 29 MANOR

(Address)

SUNRISE FLORIDA 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE FRONDA ESPEJO at (954) 741-2701

(Name of Contact 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, FL 32314

**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:

HEALTHFORCE STAFFING, INC.

SECOND: The document number of the corporation (if known): PO3000099626

THIRD: The date dissolution was authorized: AUGUST 31, 2010

Effective date of dissolution if applicable: \_\_\_\_\_  
(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

\_\_\_\_\_  
(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)

JOSE FRONDA ESPEDO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: HEALTH FORCE STAFFING, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

COMPANY NAME, IDENTIFICATION OF PERSON  
MAKING A CLAIM. ADDRESS. PHONE NUMBER  
REASON FOR A CLAIM.  
   
 

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10880 NW 29 MANOR  
SUNRISE, FLORIDA 33322  
   
 

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JOSE FRONDA ESPETO

Printed Name of the Person Filing

Jose Fronda Espeto  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**