

PO4000040552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32309

APPROVED  
AND  
FILED

Inact  
Dis  
9/12/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P04000040552

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

Please return all correspondence concerning this matter to the following:

Glenda Howard or Kenney Austin  
(Name of Contact Person)

Southern Home Respiratory of Florida  
(Firm/Company)

~~15440 10th Street~~ 884 S. Park Rd  
(Address)

~~10 State Street, Pensacola, FL 32501~~ Slocomb, AL 36375  
(City/State and Zip Code)

*not correct*

For further information concerning this matter, please call:

Glenda Howard at ( 334 ) 794-9022  
(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:

Southern Home Respiratory of Florida, Inc.

SECOND: The document number of the corporation (if known): P04000040552

THIRD: The date dissolution was authorized: August 1, 2010

Effective date of dissolution if applicable: August 12, 2010  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

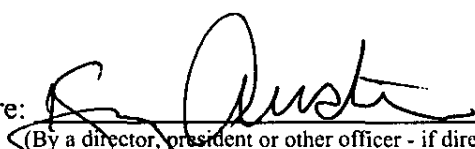
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

KENNEY Austin  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

APPROVED  
AND  
FILED  
10 SEP 16 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA