

PD4000127512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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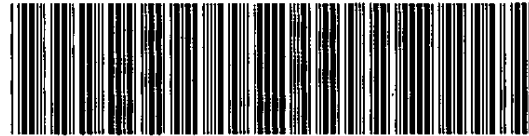
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 09 2010

EXAMINER



SEELEY, SAVIDGE, EBERT & GOURASH CO., LPA

26600 DETROIT ROAD • CLEVELAND, OHIO 44145-2397

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August 2, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dissolution of Home Health Agency-Oklahoma City, Inc.

Dear Sir/Madam:

Enclosed, please find the original and one copy of the Articles of Dissolution for Home Health Agency-Oklahoma City, Inc.

Please return the time-stamped copy back to me in the envelope provided. Accordingly, enclosed is our firm check in the amount of \$35.00 to cover the filing fee for this service.

If for any reason you cannot file the enclosed document, please contact me before returning it. It is imperative that this document be filed and returned as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Carrie Haber'.

Carrie M. Haber
Paralegal

Enclosures

cc: Gregory D. Seeley, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Home Health Agency-Oklahoma City, Inc.

DOCUMENT NUMBER: P04000127512

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

Please return all correspondence concerning this matter to the following:

Ms. Carrie Haber, Paralegal

(Name of Contact Person)

Seeley, Savidge, Ebert & Gourash Co., LPA

(Firm/Company)

26600 Detroit Road, Suite 300

(Address)

Cleveland, Ohio 44145

(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory D. Seeley

(Name of Contact Person)

at (216) 566-8200

(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:
Home Health Agency-Oklahoma City, Inc.

SECOND: The document number of the corporation (if known): P04000127512

THIRD: The date dissolution was authorized: July 8, 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)

Naresh Nagpal

(Typed or printed name of person signing)

Sole Director

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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