

PO4000127512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

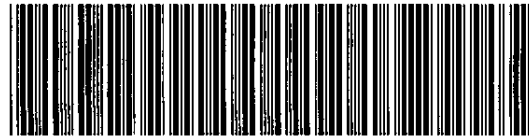
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Revocation
of less

09/16/10--01015--002 **35.00

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2010 SEP 16 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOOR
9/17/10



SEELEY, SAVIDGE, EBERT & GOURASH CO., LPA

26600 DETROIT ROAD • CLEVELAND, OHIO 44145-2397

(216) 566-8200 • (440) 835-0000

FAX (216) 566-0213

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September 10, 2010

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

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

Dear Sir/Madam:

Enclosed, please find the original and one copy of the Revocation 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 M. Haber".

Carrie M. Haber
Paralegal

Enclosures

cc: Gregory D. Seeley, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Home Health Agency - Oklahoma City, Inc.

DOCUMENT NUMBER: P04000127512

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

Please return all correspondence concerning this matter to the following:

Carrie M. 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

CHABER@SSEG-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Schadick

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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date) of the Articles of Dissolution:

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TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is Home Health Agency-Oklahoma City, Inc

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

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is August 6, 2010

FOURTH: The Revocation of Dissolution was authorized on September 3, 2010

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
☐ The incorporators revoked the dissolution.
☒ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature N. Nagpal
(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

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)

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TALLAHASSEE, FLORIDA

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