

P05000036794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

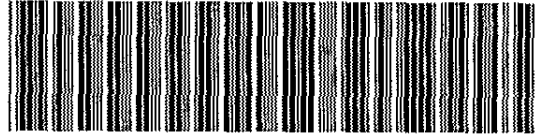
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/14/06--01059--010 **43.75

FILED
2006 JUL 14 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss. w/NOT

C. Coulllette JUL 21 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Healthcare Solutions of Fla. Inc.

DOCUMENT NUMBER: PO 50000 36794

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

Please return all correspondence concerning this matter to the following:

Laura Bouchard

(Name of Contact Person)

—
(Firm/Company)

90 Summit Street

(Address)

Sumiton AL 35148

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Bouchard

(Name of Contact Person)

at (205) 648-4660

(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:

Complete Healthcare Solutions of Florida, Inc.

SECOND: The document number of the corporation (if known): POS 0000 36794

THIRD: The date dissolution was authorized: 7/1/06

Effective date of dissolution if applicable: 5/30/06
(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: Laura Bouchard

(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)

Laura Bouchard

(Typed or printed name of person signing)

Pres.

(Title of person signing)

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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: Complete Healthcare Solutions of Florida, 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:

INV. #

PO #

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

90 Summit St.

Summit AL 35148-

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.

Laura Bouchard

Printed Name of the Person Filing

Laura Bouchard

Signature of the Person Filing

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