

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF COMPREHENSIVE
NURSING + Home Health Care INC

DOCUMENT NUMBER: PO5000048256

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

Please return all correspondence concerning this matter to the following:

ROSIE MARTIN
(Name of Contact Person)

MARTIN PHYSICAL THERAPY INC
(Firm/Company)

906-B SOUTH FEDERAL HIGHWAY
(Address)

BOYNTON BEACH FL 33435
(City/State and Zip Code)

For further information concerning this matter, please call:

ROSIE MARTIN at (561) 367-0711
(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 607.1401, 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:

COMPREHENSIVE NURSING + Home Healthcare INC.

SECOND: The document number of the corporation (if known): PO5000048256

THIRD: The file date the articles of incorporation: 3/31/05

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: X

Roselia Guzman-Martin
(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.)

ROSELIA MARTIN

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

FILED
06 MAY -4 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35