

Pg 5000059075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

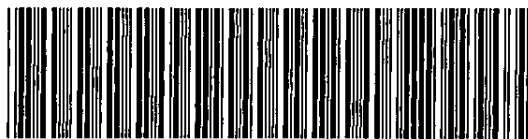
(Business Entity Name)

(Document Number)

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07 APR 18 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*diss.*

C. Goulette APR 18 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NURSE SERVICE, INC

**DOCUMENT NUMBER:** P05000059075

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

Please return all correspondence concerning this matter to the following:

ALSIDES JARRIN

(Name of Contact Person)

NA

( Firm/Company)

6961 GREEN HOLLY DR

(Address)

JACKSONVILLE, FL 32277

(City/State and Zip Code)

For further information concerning this matter, please call:

ALSIDES JARRIN

(Name of Contact Person)

at ( 904 ) 472-1752

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2007

ALSIDES JARRIN  
6961 GREEN HOLLY DR  
JACKSONVILLE, FL 32277

SUBJECT: NURSE SERVICES, INC.  
Ref. Number: P05000059075

We have received your document for NURSE SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 307A00016603

RECEIVED

07 APR 18 AM 8:00

DIVISION OF CORPORATIONS

**COVER LETTER**

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Division of Corporations

**SUBJECT:** NURSE SERVICE INC.

**DOCUMENT NUMBER:** P05000059075

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Please return all correspondence concerning this matter to the following:

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(Name of Contact Person)

(Firm/Company)

6961 GREEN HOLLY DR.

(Address)

JACKSONVILLE FL 32277

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- ☒ \$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:

NURSE SERVICES, INC

SECOND: The document number of the corporation (if known): PD5000059075

THIRD: The date dissolution was authorized: 12/31/2006

Effective date of dissolution if applicable: 01/01/2007  
(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)

ALSIYES JARRIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

07 APR 18 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Filing Fee: \$35