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Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Eiling Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Caring Therapists, Inc.		
DOCUMENT NUMBER: POSO00070880 The enclosed Articles of Dissolution and fee are submitted for filing.		
Neil Agustin (Name of Contact Person)		
Caring Therapists, Inc. (Firm/Company)		
(Address)		
Pensacola PL 325-14		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Neil Agustin at (850)474-0189		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
Striling Fee \$\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$52.50 \text{ Filing Fee, }\bigcup \bigcup \b		
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

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	ð:
	Caring Therapists, Inc.	
SECOND:	J	
THIRD:	The document number of the corporation (if known): $\frac{90500070890}{12/31/2005}$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	08 MAY 12
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	PH 2
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	م رئ
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporato in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	_ r - if
	NEIL AGUSTIN	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35