

P05000135500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

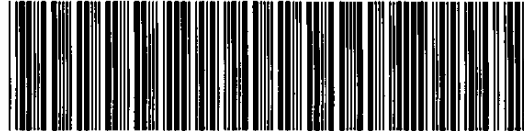
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600078160066

RECEIVED
06 AUG -9 AM 8:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2006 AUG -9 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss. w/Not.

C. Coulliette AUG 09 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 292870 7504259
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 15.00

ORDER DATE : August 7, 2006
ORDER TIME : 7:59 PM
ORDER NO. : 292870-005
CUSTOMER NO: 7504259

DOMESTIC FILINGS

NAME: COMPASSIONATE, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT# 2914

EXAMINER'S INITIALS: _____

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:

COMPASSIONATE, INC

SECOND: The document number of the corporation (if known): P05000135500

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

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 of 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)

FILED
2006 AUG -9 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

C. DAVID WEED

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

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: COMPASSIONATE, 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:

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

C. DAVID WEED
1320 N.W. 14th St
MIAMI, FL 33125

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.

C. DAVID WEED
Printed Name of the Person Filing


Signature of the Person Filing