135000/50754

(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

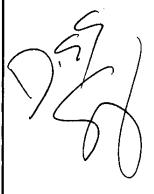
3-17,10



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03/15/10--01061--009 **35.00





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:		
	H.A. Nursing Services, Inc.		
SECOND:	The document number of the corporation (if known): P05000152754		
THIRD:	The file date of the articles of incorporation: 11/16/'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: Millian .			
	(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.)		
	Hector Albisu		
	(Typed or printed name of person signing)		
	President		
(Title of Person Signing)			

Filing Fee: \$35

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Articles of Dissolution			
SUBJECT: 74 thoros of Diocorditori			
DOCUMENT NUMBER: P05000152754			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Hector Albisu			
(Name of Contact Person)			
H.A. Nursing Services, Inc.			
(Firm/Company)			
6320 SW 138 Court Suite 303			
(Address)			
Miami, FL 33183			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Hector Albisu at (786	247-9893		
	Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Certified Copy (Additional copenclosed)			
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		