# Paama 2094

(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



000065314200

02/13/06--01004--025 \*\*43.75

OFFER 13 PM 2: 12

Ps 2/16/050



### OFFICES THROUGHOUT FLORIDA

DADEBROWARD COUNTY (954) 522-0440 ST LUCIE COUNTY (772) 340-2500 PALM BEACH COUNTY (561) 832-9033 ORANGE COUNTY (407) 423-2122 HILLSBOROUGH COUNTY (813) 228-7630 CHARLOTTE COUNTY (941) 575-0072 COLLIER COUNTY (239) 263-1121 LEE COUNTY (239) 540-7111 MARTIN COUNTY (772) 278-8500 INDIAN RIVER COUNTY (772) 778-9998 DUVAL COUNTY (904) 739-0996

### MAIN OFFICE

2404 HOLLYWOOD BLVD HOLLYWOOD, FLORIDA 33020 TEL:(954) 620-8300 FAX:(954) 920-9538

# REPLY TO: HOLLYWOOD OFFICE WWW.DIATTORNEY.COM

### NATIONWIDE: (800) 828-7583

NEW YORK: (212) 691-6900 DELL, SCHAEFER & VRIONEDES 381 PARK AVENUE SOUTH, #701 NEW YORK NY 10016 TEL. (212) 691-6900 FAX. (212) 691-6902

DISTRICT OF COLUMBIA: (202) 223-1984 1717 K STREET N.W., #600 WASHINGTON, D.C. 20036 TEL (202) 223-1984 FAX. (202) 223-1985

February 9, 2006

## VIA U.S. MAIL

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Praxis Home Care, Inc.

To Whom It May Concern:

Enclosed please find an executed Articles of Dissolution and a check in the amount of \$43.75, as it relates to the above referenced matter.

Should you have any questions, please feel free to contact me.

- XIII

STEVEN MAY DELL

SJD/rw Enclosures

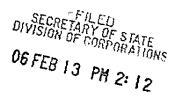
cc: Mrs. Vivian Kaplan

# COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PRAXIS HOME CARE, INC.
DOCUMENT NUMBER: P0600002094
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN JAY DELL
(Name of Contact Person)
DELL&SCHAEFER, ATTORNEYS
(Firm/Company)
2404 HOLLYWOOD BLVD.
(Address)
HOLLYWOOD FL.,33020
(City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN JAY DELL at ( 954 ) 620-8300
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing F
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

PAGE 2/3

7989 278 tos VHJ



# 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:
	PRAXIS HOME CARE, INC.
SECOND:	The document number of the corporation (if known): P06000002094
THIRD:	The file date the articles of incorporation: 01/05/2006
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.
Sign	ature:  (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.)
	VIVIAN KAPLAN
	(Typod or printed name of person signing)
	PRESIDENT/DIRECTOR
	(Title of Person Signing)

Filing Fee: \$35

MPE 3\ 3

#000 776 #06\*V/J