P06000087069

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	state/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docum	ment Number)	
Certified Copies	Certificates	of Status
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COVER-LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Access Home HEALT	u Service Corp.	
DOCUMENT NUMBER: POG 0060 870 G	.9	
The enclosed Articles of Dissolution and fee are submitt	ed for filing.	
Please return all correspondence concerning this matter to	o the following:	
YAVIER L. SUNREZ, EG	S a.	
(Name of Contact Perso	n)	
Name of Contact Person) LAW OFFICE OF YAVIER SUIRET		
(Firm/Company)		
221 ARAGON AVE. \$ 204		
(Address)		
COPAL GABLES, Fla. 33134		
(City/State and Zip Co	de)	
For further information concerning this matter, please cal	II:	
	rea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & Certified C (Additional enclosed)	opy Certificate of Status &	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION SECRETARY OF STATE CORPORATIONS

OS OCT 22 PM 1: 53
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:
	Access Home HEACTH SORVICE CORP.
SECOND:	The document number of the corporation (if known): POG 000087069
THIRD:	The file date of the articles of incorporation: $\frac{06}{27}$
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 officer) have not been selected, by an incorporator - if
	in the hands of a receiver, trustee, or other court appointed iduciary, by that fiduciary.)
	(Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35