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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

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DISSOLUTION OR WITHDRAWAL

PROFESSIONAL HOME HEALTH CARE, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | Ü |
| Page Count | 02 |
| Estimated Charge | \$35,00 |

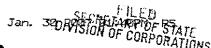
Electronic Filing Monu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

1/30/2007

FAX NO. :3052201440



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ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: The name of the corporation is: POFESIDAN L HOME |
|---|
| HEALTH CLARE, INC. |
| SECOND: The articles of incorporation were filed on: 8/22/04 |
| THIRD: (CHECK ONE) |
| None of the corporation's shares have been issued. |
| The corporation has not commenced business. |
| FOURTH: No debt of the corporation remains unpaid. |
| FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. |
| SIXTH: Adoption of Dissolution (CHECK ONE) |
| A majority of the incorporators authorized the dissolution. |
| A majority of the directors authorized the dissolution. |
| Signed this 30 day of JANUARY 192007. |
| Signature |
| directors, by an incorporator.) |
| CHISTRIAN FORENTE |
| (Typed or printed name) |
| PRECIDENT. |
| (Title) |