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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution	of the Corporation
DOCUMENT NUMBER: PO 6 000	112265
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
MARCIA GONGO (Name of Contact	Person)
	HOME CARE INC
2500 NW 79	Ave # 183
(Address)	
Donal Fl	33/22
(City/State and 2	<i>こうろ</i> / ここ
For further information concerning this matter, ple	ase call:
MARCIA Gorgong at	(786) 712 8673 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Add	75 Filing Fee & \$\sum \\$52.50 Filing Fee, Ified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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: The document number of the corporation (if known): PO 6000112365 SECOND: The file date of the articles of incorporation: THIRD: 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. The net assets of the corporation remaining after winding up have been distributed SIXTH: 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: (By a director, president of other officer - it 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.) MARCIA GONGORA
(Typed or printed name of person signing)

Filing Fee: \$35