PD7000011757

(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:						

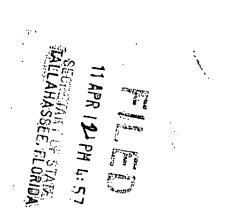
Office Use Only



600198351506

03/18/11--01006--024 **35.00

W/WAKITES



16 4-17-11



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2011

MANIBEL ALFONSO CCM HOME HEALTH 166012 SW 60 TERR MIAMI, FL 33193

SUBJECT: CCM HOME HEALTH, INC.

Ref. Number: P07000011757

We have received your document for CCM HOME HEALTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 511A00006811

COVER LETTER

TO: Amendment Section Division of Corporations							
DOCUMENT NUMBER: POTODOC) 11757							
DOCUMENT NUMBER: P070000 11757							
The enclosed Articles of Dissolution and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Name of Contact Person							
E = 5# CCM Home Health Inc							
= $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$							
(Address)							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Contact Person) at (786) 344-525P (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount: \$\int \frac{1}{2} \							
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)							
MAILING ADDRESS: STREET ADDRESS:							
Amendment Section 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

Pursuant to section 607.1403, 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:					
	CCM Home Health Inc.					
SECOND:	The document number of the corporation (if known): P04000 1175					
THIRD:	The date dissolution was authorized: 03/30///					
	Effective date of dissolution if applicable: (no more than 90 plays after dissolution file date)					
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.					
	Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:					
	The number of votes cast for dissolution was sufficient for approval by					
	(voting group)					
	(voting group)					
	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)					
	Maribel altonso.					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

•	orate Dissolution" is optio	•	-	•
Name of Corporation	: CCH	Home	Health	Inc.
Date of dissolution w specified in the Article	ill be the date the dissoluti	on is filed with th	e Department of State o	er as
Description of inform	ation that must be include	d in a claim:		
			· · · · · · · · · · · · · · · · · · ·	
		**		
		-		
Mailing address wher	re claims can be sent: (Clai			
	16601 SW	60 tem	re Miami	FC 33/93
	t			-
	pove named corporation we filing of this notice.	ill be barred unles	s a proceeding to enfor	ce the claim is commenced
			·	
Jant	1 alkan		L	(January
MUGB Prin	nted Name of the Person Filing		Signature of the	ne Person Filing