## Florida Department of State

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## REVOCATION OF DISSOLUTION BRIDGEPORT HOME HEALTH CARE, INC.

Certificate of Status	1
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bridgeport Home Health Care, Inc.

POCUMENT NUMBER. P07000071682

The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig S. Horbus, Esq.

Name of Contact Person

Witschey Witschey & Firestine

Firm/Company

405 Rothrock Road, Suite 103

Address

Akron, Ohio 44321

City/State and Zip Code

ndshively@reagan.com /

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Horbus

<sub>Att</sub>330 \ 665-5117

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Cl \$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: Bridgeport Home Health Care, Inc.
SECOND:	The document number of the corporation (if known) is P07000071682
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 12/11/2014
FOURTH:	The Revocation of Dissolution was authorized on 12/22/2014
FIFTH:	Adoption of Revocation of Dissolution (check one)
	<ul> <li>The board of directors revoked the dissolution.</li> <li>The incorporators revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.</li> <li>The shareholders revoked the dissolution by voting groups - the number of votes cast by was sufficient for approval.</li> </ul>
	(Voting group)
SIXTH:	A copy of the Articles of Dissolution is attached.
	Signature Mong Olle - Shire C  (By a director, president or other officer - If directors or officers have more been selected, by an incorporator - If in the hands of a receiver, trustee, or other court appointed (iductory, by that fiduciary)
	Nancy Diller-Shively
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

FILING FEE \$35

# State of Florida Department of State

I certify that the attached is a true and correct copy of the Articles of Dissolution, filed on December 11, 2014, dissolving BRIDGEPORT HOME HEALTH CARE, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P07000071682.

Given under my hand and the Great Seal of Florida, at Taliahassee, the Capital, this the Twelfth day of December, 2014

Secretary of State



### ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

BRIDGEPORT HOME HEALTH CARE, INC.

SECOND:

The document number of the corporation: P07000071682

THIRD:

The file date of the articles of incorporation: June 19, 2007

FOURTH:

None of the corporation's shares have been Issued.

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:

A majority of the directors authorized the dissolution.

i submit this document and affirm that the facts stated herein are true. I am aware that any false information— submitted in a document to the Department of State constitutes a third degree fetony as provided for in section 817.155, Florida Statutes.

Signature: NANCY DILLER-SHIVELY

CEO

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative