## P07000/00292

(Re	equestor's Name)	
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C. CARROTHERS



## COVER LETTER

TO: Amendment Section Division of Corporations DISSOLUTION OF MED-PLUS HOME HEALTH CARE, CORP. SUBJECT: P07000100292 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAVIER E. ALVAREZ (Name of Contact Person) (Firm/Company) 3430 SW 69TH AVE (Address) MIAMI, FL 33155 (City/State and Zip Code) For further information concerning this matter, please call: JAVIER E. ALVAREZ (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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: MED-PLUS HOME HEALTH CARE, CORP.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The file date of the articles of incorporation:			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.	28		
	The corporation has not commenced business.	15 JU!		
FIFTH:	No debt of the corporation remains unpaid.	129		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	AM 11: 08		
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	38		
	☐ A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
Sign	(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.)			
	JAVIER E. ALVAREZ			
	(Typed or printed name of person signing)	—		
	VICE-PRESIDENT			
	(Title of Person Signing)	_		

Filing Fee: \$35