P07000109387

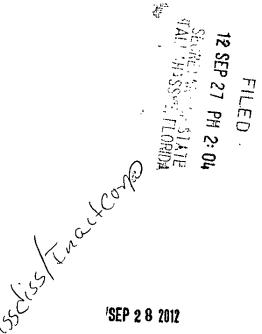
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COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: CLOSE BUSINESS				
DOCUMENT NUMBER: P07000109387				
The enclosed Articles of Dissolution and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
OSLEYDA MARTIN	· · · · · · · · · · · · · · · · · · ·			
(Name of Contact Person)				
QUALITY NURSING HOME SERVICES CORP				
(Firm/Company)				
7101 S.W. 14 S	ST			
(Address)				
MIAMI FL. 3314	14			
(City/State and Zip Code)				
For further information concerning this matter, please of	eall:			
OSLEYDA MARTINEZ at (7 (Name of Contact Person)	786 760-5823 Area Code & Daytime Telephone Number)			
(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 F Certificate of Status Certified (Addition enclosed	al copy is Certified Copy			
MAILING 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 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 S	tate:	
	QUALITY NURSING HOME SERVICES, CORP.		
SECOND:	The document number of the corporation (if known): P07000109387		_
THIRD:	The date dissolution was authorized: 09/22/2012		_
	Effective date of dissolution if applicable: 09/17/2012 (no more than 90 days after dissolution file	: date)	 -
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	dissoluti	on
	Dissolution was approved by the shareholders through voting groups.	FP 2	
	The following statement must be separately provided for each voting group entition to vote separately on the plan to dissolve:	PH 2: 01	FILED
	The number of votes cast for dissolution was sufficient for approval by	2	
	- %		
	(voting group)		
	Signature: (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)		
	OSLEYDA MARTINEZ		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35