

PO7000134673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

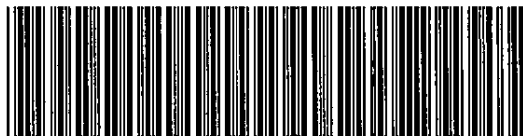
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV 19 AM 9:04

C. Lewis  
11-20-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2014

EUSEBIO M. AQUINO  
6941 SILVERSAGE CIR  
TAMPA, FL 33634 US

SUBJECT: CALEB HEALTH CARE, INC.  
Ref. Number: P07000134673

We have received your document for CALEB HEALTH CARE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 714A00023694

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Caleb Health Care, Inc

**DOCUMENT NUMBER:** P07000134673

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

Please return all correspondence concerning this matter to the following:

**Eusebio M Aquino**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

**6941 Silversage Cir**

\_\_\_\_\_  
Address

**Tampa, Florida 33634**

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Eusebio M Aquino**

\_\_\_\_\_  
Name of Contact Person

At ( **813** ) **401-2527**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

**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 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: Caleb Health Care, Inc

SECOND: The document number of the corporation (if known) is P07000134673


THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is Oct 14, 2014

FOURTH: The Revocation of Dissolution was authorized on October 23, 2014

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☒ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by \_\_\_\_\_ was sufficient for approval.  
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

Eusebio m Aquino

(Typed or printed name of person signing)

President

(Title of person signing)

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DIVISION OF CORPORATIONS  
14 NOV 10 AM 9:04

FILING FEE \$35



State of Florida  
County of Hillsborough

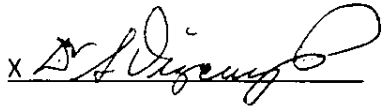
October 23, 2014

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 NOV 10 AM 9:04

To whom it may concern,

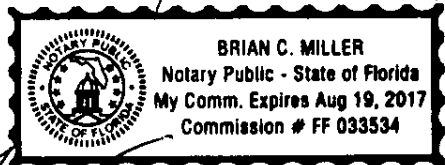
We are writing this letter to formally inform of changes in the company structure, the company has reviewed its structure and made changes to overall benefit the company. I, SARA VIZCAY MD relinquish ownership of Caleb Health CARE to Eusebio M Aquino.  
INC  
For any further verification feel free to contact me.


x 

Name: SARA VIZCAY MD

x 

Name: EUSEBIO M. AQUINO



  
brian c miller



**FILED**  
**Oct 14, 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:  
CALEB HEALTH CARE, INC.
- SECOND:** The document number of the corporation: P07000134673
- THIRD:** The file date of the articles of incorporation: December 26, 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 felony as provided for in section 817.155, Florida Statutes.

Signature: DR. SARA C. VIZCAY

PRESIDENT

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

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

## **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.

**Name of Corporation:**

**CALEB HEALTH CARE, INC.**

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

**Description of information that must be included in a claim:**

**BUSINESS IS CLOSED**

**Mailing address where claims can be sent:**

**12835 GENEVA GLADE DRIVE  
RIVERVIEW, FL 33578 UN**

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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 felony as provided for in section 817.155, Florida Statutes.

**Signature: DR. SARA C. VIZCAY**

**Electronic Signature of the Person Filing**