

PO8000002492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

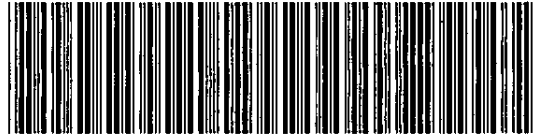
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2009 APR 17 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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ASR
4/17/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Disolution of Articles of corporation

DOCUMENT NUMBER: PO8000002492

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

Please return all correspondence concerning this matter to the following:

Martha Diaz

(Name of Contact Person)

D3J Home Health Corporation

(Firm/Company)

9245 sw 36st

(Address)

miami, FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Diaz

(Name of Contact Person)

at (786) 449-7970

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2009

Martha Diaz
D & J Home Health Corporation
9245 SW 36 St.
Miami, FL 33165

SUBJECT: D & J HOME HEALTH CORPORATION
Ref. Number: P08000002492

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

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 709A00010933

RECEIVED
2009 APR 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF DISSOLUTION

2009 APR 17 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation is dissolving the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
D & J Home Health Corporation

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

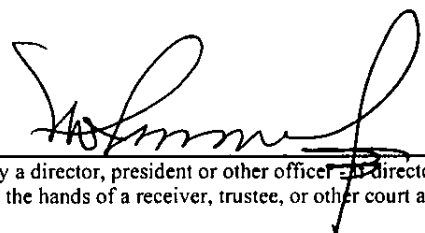
THIRD: The file date of the articles of incorporation: Jan 08, 2009

FOURTH: (CHECK AT LEAST ONE BOX)
 None of the corporation's shares have been issued.
 The corporation has not commenced business.

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: Adoption of Dissolution (CHECK ONE)
 A majority of the incorporators authorized the dissolution.
 A majority of the directors authorized the dissolution.

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.)

Martha C Diaz
(Typed or printed name of person signing)

President.
(Title of Person Signing)