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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: BUSINESS DISSOLUTION	
DOCUMENT NUMBER: P08000024773	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JAIDER GONZALEZ	
(Name of Contact Person)	
HOME HEALTH NETWORKS, INC	
(Firm/Company)	
PO BOX 340850	
(Address)	
FORT SAM HOUSTON, TX 78234-0850	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JAIDER GONZALEZ at ( 239 ) 5956819	
(Name of Contact Person) (Area Code & Daytime Telephone Num	iber)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:  STREET ADDRESS:	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## 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: **COLLEEN R GONZALEZ** The document number of the corporation (if known): P08000024773 SECOND: The file date of the articles of incorporation: 03/01/2008THIRD: (CHECK AT LEAST ONE BOX) FOURTH: ✓ None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: 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: 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.) JAIDER GONZALEZ (Typed or printed name of person signing) **VP** 

Filing Fee: \$35

(Title of Person Signing)