

P09000012016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL NURSING PERSONAL CARE INC.

DOCUMENT NUMBER: P09000012016

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

Please return all correspondence concerning this matter to the following:

KURT JOSEPH
(Name of Contact Person)

CARECONNECT
(Firm/Company)

18112 NW 19TH STREET
(Address)

PEMBROKE PINES FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

KURT JOSEPH at (954) 319-4991
(Name of Contact Person) (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 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:

NATIONAL NURSING PERSONAL CARE INC.

SECOND: The document number of the corporation (if known): PO9000012016

THIRD: The file date of the articles of incorporation: 2/6/09

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.)

KURT JOSEPH FOR CARECONNECT
(Typed or printed name of person signing)

PRESIDENT
(Title of Person Signing)

Filing Fee: \$35

09 OCT 29 AM 8:09

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA