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DISSOLUTION OR WITHDRAWAL
HORIZONS PATIENT CARE INC

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OCT 17 2013

EXAMINER

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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 State:
HORIZONS PATIENT CARE INC

SECOND: The document number of the corporation (if known): P09000034923

THIRD: The date dissolution was authorized: 10/10/2013

Effective date of dissolution if applicable: _____
(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 dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(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)

YENDRY RODRIGUEZ JOY

(Typed or printed name of person signing)


VPD

(Title of person signing)

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