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FLORIDA DEPARTMENT OF STATE Division of Corporations

2010 SEP - 1 AM 8: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 24, 2010

CAROLE SCHROEDER 4 RIDGELAND DR STAURT, FL 34996

SUBJECT: HYPERBARIC AND WOUND CARE STAFFING CORP

Ref. Number: P10000048721

We have received your document for HYPERBARIC AND WOUND CARE STAFFING CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 110A00020279

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 1) ISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P 10000048721
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAROLE SIWRD FDFR (Name of Contact Person)
HYPERBARIC AND WOUND CARE STAFFING (Firm/Company)
Y R 7 D G EL AND DR (Address)
A 7
$\frac{\int \mathcal{T} V \mathcal{R} \mathcal{T} \mathcal{F} \mathcal{L}}{(\text{City/State and Zin Code})} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} I$
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at ($\frac{712}{108}$) $\frac{108-1747}{108}$ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: - DIRENDY PRID - SEE LETTER FRIM
S35 Filing Fee \$\Begin{array}{c} \$43.75 Filing Fee & \$\Begin{array}{c} \$43.75 Filing Fee & \$\Begin{array}{c} \$52.50 Filing Fee, & \$\Certificate of Status & & \$\Certificate of Status & & & & \$\Certificate of Status & & & & \$\Certificate of Status & & & & & \$\Certificate of Status & & & & & & & & & & & & & & & & & & &
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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:
	MYPERBARIC AND WOUND CHAF STAFFING CORP
	·
SECOND:	The document number of the corporation (if known): P 100004872]
THIRD:	The file date of the articles of incorporation: $\frac{1}{\sqrt{\nu x}e^{2}-9^{-1}-20}$
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:	No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE)
SEVENTH:	
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	tature: (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.)
	CAROLE F. SCHROEDER (Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35