

P100000063815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

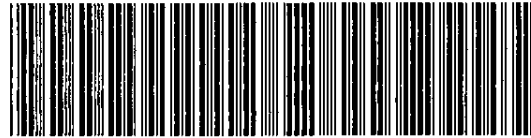
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11 FEB 22 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-24-11

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** P10000063815

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

Please return all correspondence concerning this matter to the following:

Shera Anderson  
(Name of Contact Person)

Healthcare Professional Staffing  
(Firm/Company)

3437 Oak Dr.  
(Address)

Hollywood, FL 33021  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shera Anderson at ( 954 ) 384-1490  
(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 607.1403, 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:

Healthcare Professional Staffing, INC.

SECOND: The document number of the corporation (if known): P10000063815

THIRD: The date dissolution was authorized: 12/20/2010

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

Michael Romano and James Gianos  
(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)

Michael Romano

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Healthcare Professional Staffing, Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

We are filing our "Notice of Corporate Dissolution" and  
would like to have our company removed from any  
permanent records.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

The Law Offices of Erskine & Fleisher  
55 Weston Rd. Ste. 300  
Ft. Lauderdale, FL 33326  
Attn: Shera Anderson

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michael Romano

Printed Name of the Person Filing

Michael Romano

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**