

P1300000 18146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000249735540

07/15/13--01012--007 **35.00

FILED
SECRETARY OF STATE
DEPARTMENT OF REVENUE
JAN 13 1941
JAN 15 AM 10:25

Ant D155.
C10 n. 17. 13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolving Corporation

DOCUMENT NUMBER: P13000018146

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

Please return all correspondence concerning this matter to the following:

ALBERT ALBERTINI

(Name of Contact Person)

HORIZON CARE SERVICES, INC.

(Firm/Company)

784 US HWY 1, SUITE 15

(Address)

NORTH PALM BEACH, FLORIDA, 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT ALBERTINI

(Name of Contact Person)

at (**561**) **776-7757**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

MEDPATH HOME CARE, INC.

SECOND: The document number of the corporation (if known): P13000018146

THIRD: The file date of the articles of incorporation: FEB. 25, 2013

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.)

ALBERT V ALBERTINI

(Typed or printed name of person signing)

CFO - HORIZON CARE SERVICES, INC.

(Title of Person Signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 15 AM 10:25

Filing Fee: \$35