

P13000085469

Florida Department of State
Division of Corporations
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**DISSOLUTION OR WITHDRAWAL
HORIZONS PATIENT CARE INC**

Certificate of Status	0
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2ND REQUEST

SEP 24 2015

D CONNELL



September 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HORIZONS PATIENT CARE INC
3939 N.W. 7 ST., #206
MIAMI, FL 33126

SUBJECT: HORIZONS PATIENT CARE INC
REF: P13000085469

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

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) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000228067
Letter Number: 815A00020102

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ARTICLES OF DISSOLUTION

Pursuant to section 607, 1-103, 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): P13000085469

THIRD: The date dissolution was authorized: 9/21/2014
Effective date of dissolution if applicable: 09/21/2014
(no more than 90 days after dissolution file date)

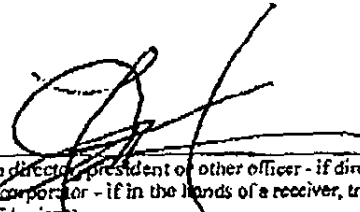
FOURTH: Adoption of Dissolution (CHECK ONE)
 Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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)

DIRECTOR

(Title of person signing)

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