

P92000002664

Melan Kelly
Requestor's Name

3500 N. SR 7, Suite 400
Address

Ft. Lauderdale, FL 33319
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #) 000002088440--9
-02/14/97--01110--002
2. _____ (Corporation Name) (Document #) *****35.00 *****35.00
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

SH 4/3

FILED
 97 MAR 31 PM 12: 07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 19, 1997

Melva Kelly
3500 N. State Road 7
Suite 400
Ft. Lauderdale, FL 33319

SUBJECT: REGIONAL HEALTH, INC.
Ref. Number: P92000002664

We have received your document for REGIONAL HEALTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the d/b/a name from the document.

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 (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 697A00008836



Summit Home Health


of South Florida

March 26, 1997

Division of Corporation
P.O.Box 6327
Tallahassee, Fl. 32314

Attached please find new form completed as requested, deleting
Summit Home Health of So. Fl. along with copy of Money Order
for \$35.00 for Dissolution of Corporation.

Sincerely


Melva Kelly
President

WORLD EXECUTIVE BUILDING
3500 N. St. Rd. 7 • Suite 400 • Ft. Lauderdale, Florida 33319
Tel: Broward (954) 486-1391 • Boca (407) 338-4782 • Fax (954) 486-0447

Live-In

RN. LPN. CNA. HHA. HMK.

Live-Out

**ARTICLES OF DISSOLUTION
OF**

REGIONAL HEALTH, INC.

Pursuant to the provisions of Section 607.1403 of the Florida Statutes, this corporation submits the following Articles of Dissolution:

ARTICLE I - NAME

The name of the corporation is Regional Health, Inc. (" the Corporation").

ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution was authorized by the Corporation's sole shareholder on February 11th 1997.

ARTICLE III - SHAREHOLDER APPROVAL

This dissolution was approved by written consent of the Corporation's sole shareholder, which is sufficient for approval of the dissolution of the Corporation.

ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION

The effective date of the dissolution shall be February 11th, 1997.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the corporation by its duly authorized officer as of the 11th day of February, 1997.

Regional Health, Inc

By: Melba Kelley
Its: President

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TALLAHASSEE, FLORIDA