

P93000017333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

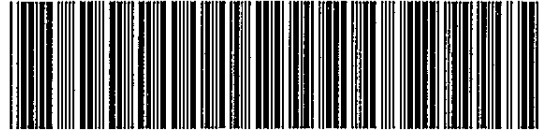
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300069908133

04/11/06--01012--005 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 11 AM 9:21

23 4/17/06  
Diss



February 27, 2006

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
DISSOLUTION OF PROFIT CORPORATION

I, Jenny L Knodt, President and registered agent for Affordable Medical Equipment & Supply, Inc., am hereby notifying the State that :

1. Affordable Medical Equipment & Supply, Inc. officially closed its' doors on June 16<sup>th</sup>, 2005 when the last of the patients could be switched over to another local company.
2. Medicare and Medicaid HME licensing and Oxygen retail license have been cancelled as of December 2005.
3. Affordable Medical Equipment & Supply, Inc. is officially out of business as of January 1<sup>st</sup>, 2006, having concluded any and all business with only the 2005 filing of tax returns.

Sincerely,

  
Jenny Knodt  
President

Affordable Medical Equipment & Supply, Inc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution

**DOCUMENT NUMBER:** P93000017333

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

Please return all correspondence concerning this matter to the following:

Jenny L Knodt  
(Name of Contact Person)

Affordable Medical Equipment and Supply Inc  
(Firm/Company)

1936 Bruce B Downs Blvd. # 502  
(Address)

Wesley Chapel, FL 33543-9262  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jenny L Knodt at ( 813 ) 973-7118  
(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:  
Affordable Medical Equipment and Supply Inc.

SECOND: The document number of the corporation (if known): 093000017333

THIRD: The date dissolution was authorized: 3/1/06

Effective date of dissolution if applicable: 1-1-06  
(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 of 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

Jenny h Knodt  
(voting group)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 11 AM 9:22

Signature: X Jenny L Knodt  
(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)

Jenny h Knodt  
(Typed or printed name of person signing)

President  
(Title of person signing)