

P93000069876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

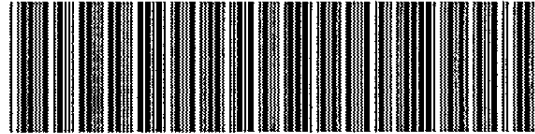
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900082197859

12/04/06--01039--004 \*\*43.75

FILED  
06 DEC -4 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D.S. / w/ notice

SB



Veronica Rovira Maddox  
(407) 822-4600 x 4799  
[Veronica.Maddox@rotech.com](mailto:Veronica.Maddox@rotech.com)

November 28, 2006

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Southern IV Therapy, Inc. - Articles of Dissolution**

Dear Clerk:

Enclosed for filing, please find an original and copy of the Articles of Dissolution and Notice of Corporate Dissolution for Southern IV Therapy, Inc. (the "**Corporation**"). The Corporation is no longer transacting business. I am enclosing a check in the amount of \$43.75 payable to Florida Secretary of State. Kindly return a certified file-stamped copy of the Articles. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Veronica Maddox".

Veronica Rovira Maddox  
Senior Corporate Paralegal

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** P93000069876

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

Please return all correspondence concerning this matter to the following:

Veronica Maddox

(Name of Contact Person)

Rotech Healthcare Inc.

(Firm/Company)

2600 Technology Drive, Suite 300

(Address)

Orlando, Florida 32804-8000

(City/State and Zip Code)

For further information concerning this matter, please call:

Veronica Maddox

(Name of Contact Person)

at ( 407 ) 822-4600 x 4799

(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:

Southern IV Therapy, Inc.

SECOND: The document number of the corporation (if known): P93000069876

THIRD: The date dissolution was authorized: November 1, 2006

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

\_\_\_\_\_  
(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)

Rebecca L. Myers

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**Filing Fee: \$35**

FILED  
96 DEC -4 PM 3:58  
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: Southern IV Therapy, 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:

---

---

---

---

---

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

Rebecca L. Myers  
2600 Technology Drive  
Suite 300  
Orlando, FL 32804

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.

Rebecca L. Myers

Printed Name of the Person Filing

  
Signature of the Person Filing

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