The Home Patient Care Companies

P94000021986

One Hook Road Sharon Hill, PA 19079 610-586-8514 FAX: 610-586-5509

January 7, 1997

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

700002056267--7 -01/14/97--01019--007 ****148.75 ****148.75

RE: Articles of Dissolution Home Patient Care, Inc. (Tampa)

Dear Madam/Sir:

Enclosed please find the original Articles of Dissolution (with 2 copies) for the above referenced entity along with a check in the amount of \$148.75 representing the requisite fee for filing and processing the document with two certified copies.

Please process according to normal procedures and return the two certified copies to the above address for our records. Thank you in advance for your assistance and should you need any further information, please contact me at the above number.

Very truly yours,

Robert E. Angst Law Clerk

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 is: Home Patient Care, Inc. (Ta	mpa)	_	
SECOND:	The date dissolution was authorized: December 26, 1996			
THIRD:	Adoption of Dissolution (CHECK ONE)			
	olution was approved by the shareholders. The number of votes cast for di sufficient for approval.	ssolutio	m	
Diss	olution was approved by vote of the shareholders through voting groups.			
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:	SECR TALL!	97 J	
The	number of votes cast for dissolution was sufficient for approval by	ETARY OF	AN OO AN	FILED
	(voting group)	FLO FLO	4H 9:	U
Signe	d this <u>26th</u> day of <u>December</u> , 19 <u>96</u>	ATE RIDA	32	
Signature	By Kad Del V.P.	•		
	(By the Chairman or Vice Chairman of the Board, President, or other officer)			
	Kevin D. Stepanuk			
	(Typed or printed name)		•	
	Vice President (Title)			