P95000090009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

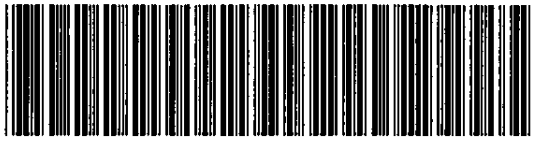
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2006 DEC -4 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/5/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH DIMENSIONS OF FLORIDA, INC.

DOCUMENT NUMBER: P95000090009

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

Please return all correspondence concerning this matter to the following:

Kenneth L. Minerley, Esq.
(Name of Contact Person)

Bloch, Minerley & Fein, P.L.
(Firm/Company)

980 North Federal Highway, Suite 412
(Address)

Boca Raton, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth L. Minerley at (561) 362-6699
(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

FILED

2006 DEC 14 P 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

HEALTH DIMENSIONS OF FLORIDA, INC.

SECOND: The document number of the corporation (if known): P95000090009

THIRD: The date dissolution was authorized: November 17, 2006

Effective date of dissolution if applicable: November 17, 2006
(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: Alberta Longone-Messer
(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)

Alberta Longone-Messer
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35

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: HEALTH DIMENSIONS OF FLORIDA, 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:

1. Name, address and telephone number of person or entity making claim.
2. The nature of the claim (i.e. services rendered, breach of contract)
3. The amount of such claim, if known.

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

Health Dimensions of Florida, Inc.
c/o Kenneth L. Minerley, Esq.
980 North Federal Highway, Suite 412
Boca Raton, FL 33432

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.

Alberta Longone-Messer
Printed Name of the Person Filing

Alberta Longone-M
Signature of the Person Filing

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