Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000276540 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL

LUMBIA HOMECARE - CENTRAL FLORIDA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



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 S	tate:		
	Columbia Homecare - Central Florida, Inc.			
SECOND:	The document number of the corporation (if known): 996000051055			
THIRD:	The date dissolution was authorized: December 5.2008			
	Effective date of dissolution if applicable: upon fiting (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			
	(voting Brant)	<u>e</u>	DIVIS	
		08 DEC 18	CRE TA	
	Signature: Will Alman	18 AM	RY OF ST	
	(By a director, president or other officer - If threctors 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)	AH 9: 10	TIONS	
	Dora A. Blackwood			
	(Typed or printed name of person signing)			
	Vice President and Secretary			
	(Title of person signing)			

Filing Fee: \$35