

P96000068243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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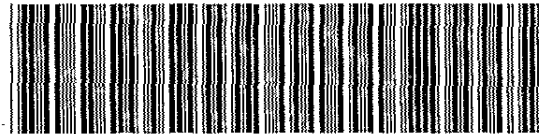
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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9/10/07  
Diss

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Lifeline Health Care of South Florida, Inc.

**DOCUMENT NUMBER:** P96000068243

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

Please return all correspondence concerning this matter to the following:

James T. Wilson  
(Name of Contact Person)

*V=002048*  
2779 000.00.00=

*43.75*

Lifeline Health Care of South Florida, Inc.  
(Firm/Company)

600 Clifty Street  
(Address)

Somerset, KY 42503  
(City/State and Zip Code)

For further information concerning this matter, please call:

James T. Wilson at ( 606 ) 679-4100  
(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:

Lifeline Health Care of South Florida, Inc.

SECOND: The document number of the corporation (if known): P96000068243

THIRD: The date dissolution was authorized: August 20, 2007

Effective date of dissolution if applicable: September 30, 2007

(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)

James T. Wilson

(Typed or printed name of person signing)

Director and Chairman of the Board

(Title of person signing)

**Filing Fee: \$35**

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