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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

(850)222-1092

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DISSOLUTION OR WITHDRAWAL

FOUNTAINS HOME CARE OF FLORIDA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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06/21/2006 15:18 06/21/2006 13:40 8508785926 3148630794 CT CORPORATION SYSTM

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ARTICLES OF DISSOLUTION

Pursuant to s of dissolution	SCHOOL CO. 1400, A Million Dimension, state of the state	icle S
FIRST:	The name of the corporation as currently filed with the Florida Department of State	3
	Fountains Home Care of Florida, Inc.	Ç
SECOND:	The document number of the corporation (if known): P97000009480	107
THIRD:	The date dissolution was authorized: June 1, 2006	
	Effective date of dissolution if applicable:	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	atio
	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 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)	•
	Don P. Millican	
	(Typed or printed name of person signing)	
	Senior Vice President and Sole Director	
	(Title of person signing)	

Filing Fee: \$35