Florida Department of State

Division of Corporation

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL

UMBIA HOMECARE - NORTH FLORIDA DIVISION, INC.

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\$43.75

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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:	
	Columbia Homecare - North Florida Division, Inc.	
SECOND:	The document number of the corporation (if known): P970000 503/4	
THIRD:	The date dissolution was authorized: December /5 , 2008	
	Effective date of dissolution if applicable: upon filing (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 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)	C
	Dora A. Blackwood	
	(Typed or printed name of parson signing)	
	Vice President and Secretary	
	(Title of person signing)	

Filing Fee: \$35