

P97000082013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

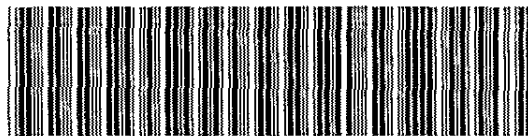
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EXPIRATION DATE

09-30-07

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07 SEP -6 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 12 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Lifeline Health Care of Central Florida, Inc.

DOCUMENT NUMBER: P97000082013

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)

Lifeline Health Care of Central 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

(Name of Contact Person)

at (606) 679-4100

(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

Montgomery, AL 36114

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

ARTICLES OF DISSOLUTION

9-32-27

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 Central Florida, Inc.

SECOND: The document number of the corporation (if known): P97000082013

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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07 SEP -6 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA