P97000089131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
07 DEC 24 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
07 DEC 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss w/NOT
G. Coulliette DEC 24 2007

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 375288 4363280

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : December 24, 2007

ORDER TIME : 9:50 AM

ORDER NO. : 375288-015

CUSTOMER NO: 4363280

DOMESTIC FILINGS

NAME: INTERIM HEALTHCARE EMPLOYER SERVICES, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT# 2930

EXAMINER'S INITIALS: _____

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:

Interim Healthcare Employer Services, Inc.

SECOND: The document number of the corporation (if known): P97000089131

THIRD: The date dissolution was authorized: 12/20/07

Effective date of dissolution if applicable: 12/20/07
(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)

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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)

Raphael D. Umansky
(Typed or printed name of person signing)

Director and Secretary
(Title of person signing)

Filing Fee: $35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Interim HealthCare Employer Services, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

Name and address
amount of claim and invoice number, if any
date of claim
contact name and phone number
any other information that may be pertinent

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Interim HealthCare Inc.
1601 Sawgrass Corporate Parkway
Sunrise Florida 33323
Attn: Accounts Payable

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Raphael D. Umansky
Printed Name of the Person Filing

Signature of the Person Filing
SECY

Fee: No charge if included with Articles of Dissolution. If filed separately $35.00