

P97000089131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

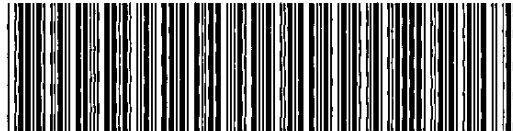
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100105351681

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

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

APPROVED  
AND  
FILED

*Miss W/NOT*  
G. Ocullette  
DEC 24 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 375288 4363280  
AUTHORIZATION : *[Signature]*  
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)

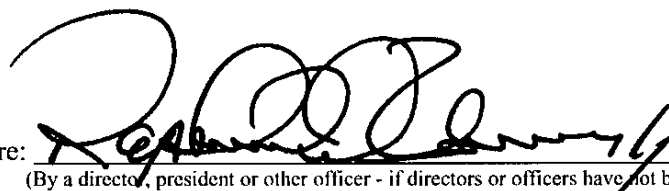
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

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)

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

APPROVED  
AND  
FILED

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:

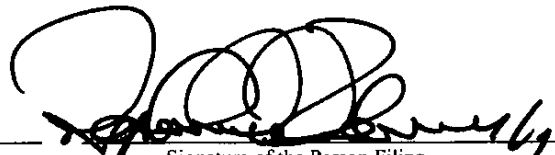
Name and address  
amount of claim and invoice number, if any  
date of claim  
contact name and phone number  
any other information that may be pertinent

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