

P97000089506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

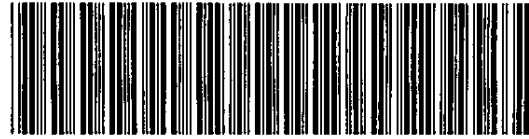
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000264144410

09/17/14--01014--002 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

C. Lewis
9-24-14



DE BEAUBIEN KNIGHT SIMMONS MANTZARIS & NEAL LLP
ATTORNEYS AND COUNSELLORS AT LAW
ORLANDO | TALLAHASSEE | TAMPA
WWW.DBKSMN.COM

Reply to:

Orlando

September 15, 2014

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Premier Home Healthcare, Inc.
Our File No.: 48902
Document Number: P97000089506

Dear Sir or Madam:

The enclosed Articles of Dissolution, Notices of Corporate Dissolution, and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Ruben Laboy Jr., Esquire
deBeaubien, Knight, Simmons, Mantzaris & Neal, LLP
332 North Magnolia Avenue
P.O. Box 87
Orlando, Florida 32801

For further information concerning this matter, please call Ruben Laboy, Jr. at (407) 422-2454.

Also enclosed is a check in the amount of \$43.75 to cover the filing fee and a certified copy of the Articles of Dissolution.

Sincerely,


Ruben Laboy Jr.

RL:cgl
Enclosures
cc: Timothy B. Bates

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:

Premier Home Healthcare, Inc.

SECOND: The document Number of the corporation (if known): **P97000089506**

THIRD: The date of dissolution was authorized: **6/11/2014**
Effective date of dissolution (if applicable): **8/7/2014**

FOURTH Adoption of Dissolution (Check One)

☒ Dissolution was approved by the shareholders. The number of votes 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 case 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)

By: **TIMOTHY B. BATES**
President, Secretary, Treasurer, Director

FILED
STATE
14 SEP 17 PM 3:54

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Capital One
P.O. Box 30285
Salt Lake City, UT 84130**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing

 Pres.
Signature of the Person Filing

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

Notice of Corporate Dissolution

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS

14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Windstream
302 N. Main Street, Suite 5000
Greenville, SC 29601
Account No. 4227548**

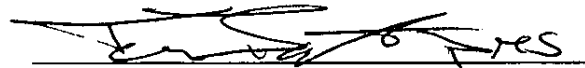
Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**CBE Group/HHS
Account No. 2013362878A**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**AHCA – Medicaid
2562 Executive Center Cir E, Montgomery
Suite 100 MS #22
Tallahassee, FL 32301
Account No. 22630100**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates
Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Mediware/Mestamed
11711 West 79th Street
Lenexa, KS 66214
Account No. FLC11433**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Inova Labs
P.O. Box 18536
Austin, TX 78760
Account No. C1533**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPT. OF STATE
DIV. OF CORPORATIONS
14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Linde/LifeGas
6600 Peachtree Dunwoody Road
Atlanta, GA 30328
Account No. 8744861**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:54

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**IKON/Richo
P.O. Box 532530
Atlanta, GA 30353
Account No. 10562575**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPT. OF STATE
DIV. OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Chart/Sequal-POC
P.O. Box 088968
Chicago, IL 60695
Account No. 3892**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPT. OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Cintas
P.O. Box 625737
Cincinnati, OH 45262
Account No. 1266401**

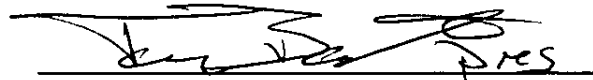
Mailing Address where claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Medline
One Medline Place
Mundelein, IL 60060**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Moss, Krusick & Associates
501 S. New York Avenue, Suite 100
Winter Park, FL 32789**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

CLERK OF THE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Norwood Products
P.O. Box 801083
Houston, TX 77280**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Orange County Property
200 S. Orange Avenue, Suite 1700
Orlando, FL 32801
Account No. REG111642**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Patterson Medical
28100 Torch Parkway, Suite 700
Warrenville, IL 60555
Account No. 105520550**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
DIVISION OF CORPORATIONS
14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Pitney Bowes
Attorney's Office
190 Sylvan Avenue
Englewood Cliffs, NJ 07632
Account No. 762729**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

14 SEP 17 PM 3:55
DEPARTMENT OF STATE
CORPORATIONS

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Respironics
200 East Robinson Street, Suite 290
Orlando, FL 32801**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

FILED FOR STATE
DIVISION OF CORPORATIONS

14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Rick Bishop
2454 East Michigan Street
Orlando, FL 32806**

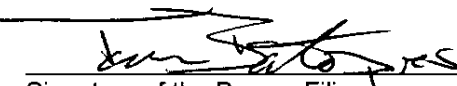
Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing



Signature of the Person Filing

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

Notice of Corporate Dissolution

14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Salter
100 W. Sycamore Road
Arvin, CA 93203
Account No. PRORFL**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

14 SEP 17 PM 3:55
DIVISION OF CORPORATIONS

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Sun Trust
P.O. Box 85041
Richmond, VA 23285
Account No. 5128161418**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

14 SEP 17 PM 3:55
DIVISION OF CORPORATIONS

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**VGM
1111 West Sanmarnan Drive
Waterloo, IA 50701
Account No. 4004745**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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

Notice of Corporate Dissolution

NOTICE OF CORPORATIONS

14 SEP 17 PM 3:55

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 not required when filing a voluntary dissolution.

Name of Corporation: **PREMIER HOME HEALTHCARE, 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:

**Wells Fargo
P.O. Box 348750
Sacramento, CA 95834
Account No. 5474-6488-0458-3781**

Mailing Address when claims can be sent (Claims cannot be sent to the Division of Corporations):

**2454 East Michigan Street
Orlando, FL 32806**

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.

Timothy B. Bates

Printed Name of the Person Filing


Signature of the Person Filing

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