

P98000003919

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Articles to  
Renewal  
[Signature]

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 NOV 24 PM 1:03

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Senior Quality Medical Care, Inc  
**DOCUMENT NUMBER:** 998000003919

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Barth  
(Name of Contact Person)

Mid America IPA  
(Firm/Company)

6916 Linebaugh, Ste 101  
(Address)

Tampa FL 33625  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Barth at (813) 961 4325  
(Name of Contact Person) (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  
Tallahassee, FL 32314

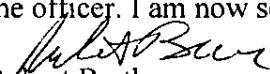
**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Ms. Sylvia Gilbert  
Regulatory Specialist 11  
Florida Department of State  
PO Box 6327  
Tallahassee, Florida, 32314

November 20, 2008

Dear Ms. Gilbert:

Recently you returned to me a page of the Senior Quality Medical Care, Inc. application because it did not have the signature of an officer. I sent you back a copy of the zerox of the officer. I am now sending you the original.

  
Robert Barth  
Director of Finance  
QHP-Group

RECEIVED  
NOV 24 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Senior Quality Medical  
Care, Inc

SECOND: The document number of the corporation (if known) is P98000003919

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 9-3-2008

FOURTH: The Revocation of Dissolution was authorized on 9-3-2008

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution.  
☐ The incorporators revoked the dissolution.  
☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.  
☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.  
☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by \_\_\_\_\_ was sufficient for approval.  
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature [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)

[Signature]  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

SECRETARY OF STATE  
FLORIDA

2008 NOV 24 PM 1:04

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FILING FEE \$35