536778

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TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF SOU	thern Respiratory Service
DOCUMENT NUMBER: 536778	
The enclosed Articles of Dissolution and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Marjorie Helfan (Name of Contact	Person)
Southern Respiratory S	Services any)
1751 N. 1/8 th Avenue (Address)	
HOTYWOOD, FL 33024 (City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
Mayovie Helfan at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\begin{array}{c}\$ \$52.50 Filing Fee, \\ fied Copy & Certificate of Status & \\ Certified Copy & \\ (Additional copy is \\ enclosed) & \end{array}
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 Sta	ite:	
	Southern Respiratory Services, Inc		
SECOND:	The document number of the corporation (if known): S31078		
ГHIRD:	The file date of the articles of incorporation: 3/5/1991_	PSS	Ç
FOURTH:	(CHECK AT LEAST ONE BOX)	CRET	JAN
	None of the corporation's shares have been issued.	ARY U	-
	The corporation has not commenced business.	FLOR	,
FIFTH:	No debt of the corporation remains unpaid.	AGE A	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	itor - if	
	Mayorie Helfan (Typed or printed name of person signing)	ī	
	Director (Title of Person Signing)		

Filing Fee: \$35