(Requestor's Name)	
(Address)	300108839703
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	09/04/0701049014 **43.75
(Business Entity Name) (Document Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations SUBJECT: Dissolution of Lifeline Health Care of Southwest Florida. Inc. DOCUMENT NUMBER: ___ V64724 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: V=002048 James T. Wilson (Name of Contact Person) Lifeline Health Care of Southwest Florida, Inc. (Firm/Company) 600 Clifty Street (Address) Somerset, KY 42503 (City/State and Zip Code) For further information concerning this matter, please call: _at (<u>606</u><u></u>) <u>679-4100</u> James T. Wilson (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$35 Filing Fee \$\times\$43.75 Filing Fee & \$\Bigcirc\$\$43.75 Filing Fee & \$\Bigcirc\$\$\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

2007 SEP -4 AM 10: 44

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:	
	Lifeline Health Care of Southwest Florida, Inc.	
SECOND:	The document number of the corporation (if known): V64724	
THIRD:	The date dissolution was authorized:August 20, 2007	
	Effective date of dissolution if applicable: September 30, 2007 (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	X Dissolution was approved by the shareholders. The number of votes cast for dissolution 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 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 fightciary)	
	James T. Wilson	
	(Typed or printed name of person signing)	
	Director and Chairman of the Board	
	· (Title of person signing)	

Filing Fee: \$35