

J19580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

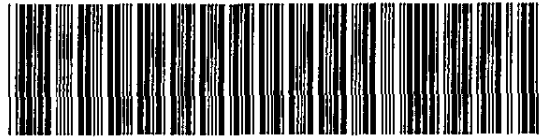
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/03/05--01003--001 **105.00

FILED
05 AUG -2 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMOVED
05 AUG -2 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss.w/ Not.

C. Coulllette AUG 03 2005

E. Murray Moore, Jr.
 Requestor's Name
215 S. MONROE ST. 2ND FLOOR
 Address
Tallahassee, FL 32301 222-3533
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Tallahassee Contemporary Rehabilitation & Fitness Center, Inc. J19580
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

** Please
 call Roberta
 @ 222-3533
 for pick up*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Tallahassee Cardiopulmonary Rehabilitation and Fitness Center, Inc.

DOCUMENT NUMBER: J19580

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

Please return all correspondence concerning this matter to the following:

E. Murray Moore, Jr.

(Name of Person)

Pennington Law Firm

(Name of Law Firm)

215 S. Monroe St., 2nd Floor

(Address)

Tallahassee, Florida 32309

(City/State/and Zip Code)

For further information concerning this matter, please call:

E. Murray Moore, Jr. at (850) 222-3533

(Name of Person) (Are Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Service
- \$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

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street

Tallahassee, Florida 32314

Tallahassee, Florida 32399

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:
Tallahassee Cardiopulmonary Rehabilitation and Fitness Center, Inc.

SECOND: The document number of the corporation: J19580

THIRD: The date dissolution was authorized: April 27, 2005

FOURTH: Dissolution was approved unanimously by written consent of the shareholders pursuant to Section 607.0704, Florida Statute, and the Articles and Bylaws of this corporation.

FILED
05 AUG -2 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 27th day of April, 2005.

Signature: 

G. Mark O'Bryant
(Typed or printed name of person signing)

(Chair)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment 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: Tallahassee Cardiopulmonary Rehabilitation and Fitness Center, 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:

The nature and amount of the claim.

The name and address of the person or entity asserting the claim.

The name, telephone number and fax number of the

contact person with regard to the claim.

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

Tallahassee Cardiopulmonary Rehabilitation and Fitness Center, Inc.


c/o William A. Giudice

1300 Miccosukee Road

Tallahassee, Florida 32308

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after filing of this notice.

G. Mark O'Bryant
(Printed Name of the Person Filing)


(Signature of the Person Filing)