

Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

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DISSOLUTION OR WITHDRAWAL THERAPY PLUS INC

Certificate of Status

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0

Page Count

02

Estimated Charge

\$35.00

Electronic Filing Menu

Corporate Filing Menu

H10000129924

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 THERAPY PLUS INC	of State:	
SECOND:	The document number of the corporation (if known): P1000003	31222	
THIRD:	The date dissolution was authorized: 6-4-10	<u> </u>	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolutio	n
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
		10 SE	
• •	(voting group)	JUN-4 PM 3: 46 CRETARY OF STATE ANASSTE FILEP	
	Signature:	75 cm	
	(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)	Pin.	
	TErESA Prieto.		
	(Typed or printed name of person signing)		
	PRESIDENT.		
	(Title of person signing)		