F24738

	_ } _
(Requestor's Name)	
(Address)	· i
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	5



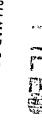


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Dess Vinter

SERRETARY GROWER



COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: F24738
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stewart Gorenberg (Name of Contact Person)
Fort LANderdale Center For Chiropractic Care (Firm/Company)
1627 South Andrews AVE (Address)
· · · · · · · · · · · · · · · · · · ·
Fort Lauderdole Center For Chiropradic CAPE (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Stewart Gorenberg at (561) 212-4954 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Status & Certified Copy (Additional copy is enclosed) Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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		_
	Fort Cauderdale Center For Chiopran	1-c <	AM
SECOND:	The document number of the corporation (if known): $F24738$	ン -	
THIRD:	The file date of the articles of incorporation: Feb 2001		
FOURTH:	(CHECK AT LEAST ONE BOX)	E SE	201
	None of the corporation's shares have been issued.	CARA	1 MAR 22
	The corporation has not commenced business.	SEE.	
FIFTH:	No debt of the corporation remains unpaid.	FLOR	AH 8:
	The net assets of the corporation remaining after winding up have been distrito the shareholders, if shares were issued.	buted	သ
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by an infinithe hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	corporato	- if
	Stewart Gorenberg (Typed or printed name of person signing)		
	President (Title of Person Signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

of dissolved by the dissolved corporation named below for resolution of payment of unknown claims at this corporation as provided in s. 607.1407, F.S.
is "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Fort LAUderdale Center For Chiropartic CAR
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
ANY + All into that pertains to dain
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
250 Sorth OCOAN BIVD 16E
BOCA RATON, Fl. 33432
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Stewart Gorenberg Howard Demberg De
Printed Name of the Person Fifting Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00