

H 73276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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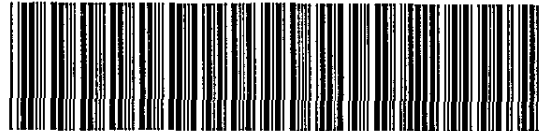
(Business Entity Name)

(Document Number)

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12/20/02--01028--014 **61.25

Effective 12/31/02

FILED
02 DEC 20 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAND THERAPY

Incorporated

JACKSON MEDICAL TOWERS
1500 NORTHWEST 12TH AVENUE - SUITE 1130
MIAMI, FLORIDA 33136

LINDA C. FADDEN, OTR/L, CHT
ANA E. GARCIA, OTR/L, CHT

(305) 324-6928
FAX (305) 324-6525

December 16, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed please find Articles of Dissolution for the Florida Corporation, Hand Therapy, Inc.

Enclosed is check #5662 in the amount of \$61.25 to cover:

- * filing fee (\$35.00)
- * 2 certified copies (\$8.75 each)
- * 1 certificate of status (\$8.75)

Please forward certified copies and certificate of status to:

Ana E. Garcia
530 N.W. 135th Avenue
Miami, FL 33182
305-226-3601

Thank you for your attention to this matter.

Sincerely,


Linda C. Fadden
President

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 is: HAND THERAPY, INC.

SECOND: The date dissolution was authorized: 10-16-2002

Effective 12/31/02

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of 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

unanimous vote of the shareholders.

(voting group)

Signed this 10th day of October, 2002

Signature

Linda C. Fadden

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Linda C. Fadden

(Typed or printed name)

President

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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