

J19580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

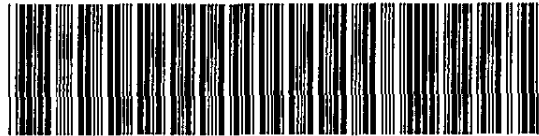
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300055955633

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

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

RECEIVED  
05 AUG -2 PM 4:38  
TALLAHASSEE, FLORIDA

*Dis. w/ Not.*

C. Coulllette AUG 03 2005

E. Murray Moore, Jr.  
Requestor's Name

215 S. Monroe St. 2<sup>nd</sup> Floor  
Address

Tallahassee, FL 32301  
City/State/Zip

222-3533  
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., 2<sup>nd</sup> Floor

(Address)

Tallahassee, Florida 32309

(City/State/and Zip Code)

For further information concerning this matter, please call:

E. Murray Moore, Jr.

(Name of Person)

at

(850)

222-3533

(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.

Signed this 27<sup>th</sup> day of April, 2005.

Signature: 

G. Mark O'Bryant

(Typed or printed name of person signing)

(Chair)

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

**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.

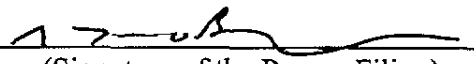
c/o William A. Giudice

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)