## J63034

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

Office Use Only



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03/14/11--01021--019 \*\*35.00

2011 MAR 14 PM 4: 56
SECRETARY OF STATE.
TALL AHASSEF, FLORID!

13/16/11

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: BROWARD CHIROPRAGTIC CENTER INC  |
| DOCUMENT NUMBER: J63034   |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| DR. RONALD DRUCKER  |
| (Name of Contact Person)  |
| BROWARD CHIROPRACTIC CENTER INC   |
| (Firm/Company)  |
| 1425A SE 17ST CAUSEWAY  |
| (Address)   |
| FT LAUDERDALE, FL 33316   |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| DR. RONALD DRUCKER at ( 954 ) 486-1923  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |
| ▼\$35 Filing Fee  \$43.75 Filing Fee & \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee,  Certificate of Status & Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                 |

## ARTICLES OF DISSOLUTION

FILED

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| Pursuant to section 607.1401, Florida S | Statutes, this Florida profit o | corporation submits the following ATE |
|---|---------------------------------|---------------------------------------|
| articles of dissolution:                | • •                             | TALLAHASSEE, FLORID                   |

| FIRST:   | RST: The name of the corporation as currently filed with the Florida Department of State                                       |  |  |
|----------|--|--|--|
|          | BROWARD CHIROPRACTIC CENTER INC  |  |  |
| SECOND:  | The document number of the corporation (if known): J63034  |  |  |
| THIRD:   | The file date of the articles of incorporation: 03/16/87   |  |  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)   |  |  |
|          | None of the corporation's shares have been issued.   |  |  |
|          | The corporation has not commenced business.  |  |  |
| FIFTH:   | No debt of the corporation remains unpaid.   |  |  |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. |  |  |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)  |  |  |
|          | A majority of the incorporators authorized the dissolution.  |  |  |
|          | A majority of the directors authorized the dissolution.  |  |  |
|          |  |  |  |
| Sign     | ature:  (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if  |  |  |
|          | in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)                                   |  |  |
|          | RONALD DRUCKER (Typed or printed name of person signing)   |  |  |
|          |  |  |  |
| •        | PRESIDENT (Title of Person Signing)  |  |  |
|          |  |  |  |

Filing Fee: \$35