

LO1000005470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

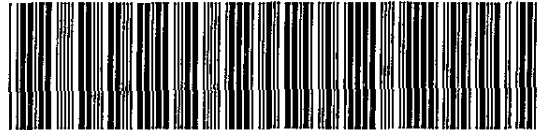
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/23 dis

LO1-5470

Office Use Only



300033710173

MJH

04/23/04 --01038--008 **25.00

04 APR 23 PM 5:00

TRANSMITTAL LETTER

April 12, 2004

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

From: James L. Pruden, PA
370 W. Camino Gardens Blvd., Suite 210
Boca Raton, FL. 33432
Phone 561 417-4644

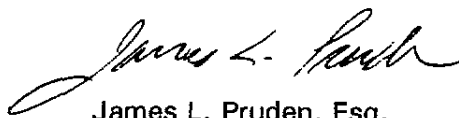
SUBJECT: Dissolution of INJURY TREATMENT CENTER OF LAKE WORTH, LLC
LO1000005470

Enclosed please find the following:

1. The original and one copy of Articles of Dissolution
2. A check in the amount of \$25.00 for the filing fee

If you have any questions, please feel free to contact me at the above address or phone number.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Pruden". The signature is fluid and cursive, with a large initial "J" and a stylized "P".

James L. Pruden, Esq.

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

Injury Treatment Center of Lake Worth, LLC

1. The name of the limited liability company is _____
2. The effective date of the limited liability company's dissolution is the filing date of these Articles
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Written consent of all members of the company to dissolve pursuant
to Fla. Stat. 608.441(c).

4. **CHECK ONE:**

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their
respective rights and interests.

6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the
dissolution:

Signature



Typed or Printed name

Gary Brown
President, Choice Medical Centers, Inc.

Filing Fee: \$25.00