

*No 2 000009613*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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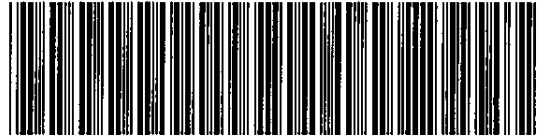
(Business Entity Name)

(Document Number)

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04/09/07--01028--010 \*\*43.75

APPROVED  
AND  
FILED

07 APR -9 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*dis.*  
G. Gendreau APR 11 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Therapeutic Corporation

**DOCUMENT NUMBER:** N02000009613

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marianella Valera

(Name of Contact Person)

American Therapeutic Corporation

(Firm/Company)

1801 NE 2nd Avenue

(Address)

Miami, FL 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

Marianella Valera

(Name of Contact Person)

at ( 305 ) 371-5777

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

American Therapeutic Corporation

SECOND: The document number of the corporation (if known): N02000009613

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was March 26, 2007

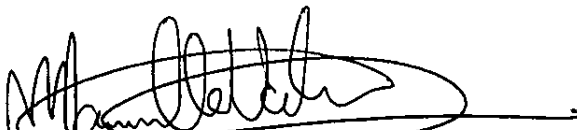
The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: **March 26, 2007**  
(no more than 90 days after dissolution file date)

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**Marianella Valera**

(Typed or printed name of the person signing)

**Chief Executive Officer**

(Title of person signing)

**FILING FEE: \$35**