

No 300010875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

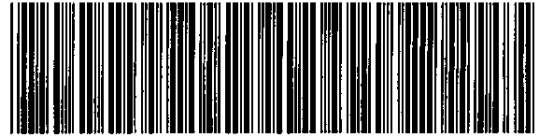
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

3/19/10



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FILED  
2010 MAR 18 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D.S.S./W/H/9  
[Signature]

Law Offices  
PHYLLIS J. TOWZEY, P.A.  
Board Certified Labor & Employment Law

(727) 895-1200  
(727) 892-9925 (Fax)

phyllis@towzey.com  
www.towzey.com

475 Central Ave  
St. Petersburg, FL 33701

March 16, 2010

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Advanced Medical Therapy Institute, Inc., Corporate Dissolution: Document  
Number: N03000010875

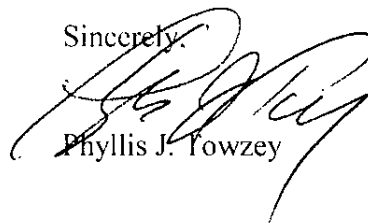
Dear Director:

Please find enclosed the Notice of Corporate Dissolution, and the Articles of Dissolution  
for Advanced Medical Therapy Institute, Inc., Corporate Dissolutions: Document Number:  
N03000010875.

Enclosed is a check for \$43.75 for filing fee and Certificate of Status.

Please contact me if you have any questions. Thank you.

Sincerely,



Phyllis J. Towzey

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NOTICE OF CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** N030000 10875

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

Please return all correspondence concerning this matter to the following:

Phyllis J. Towzey, Esq.  
(Name of Contact Person)

Phyllis J. Towzey, P.A.  
(Firm/Company)

475 CENTRAL AVE #401  
(Address)

ST. PETERSBURG, FL 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Phyllis J. Towzey, Esq. at (727) 895-1200  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$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  
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 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:

ADVANCED MEDICAL THERAPY, Institute, Inc

SECOND: The document number of the corporation (if known): NO3000010875

THIRD: The date dissolution was authorized: MARCH 1, 2010

Effective date of dissolution if applicable: MARCH 1, 2010  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

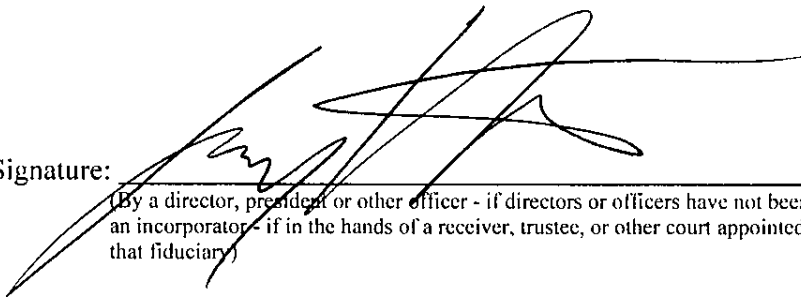
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by 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

\_\_\_\_\_  
(voting group)

(Signature: 

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

JOSEPH D. STEFANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR 18 PM 1:04

FILED

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of 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: ADVANCED MEDICAL Therapy Institute, 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:

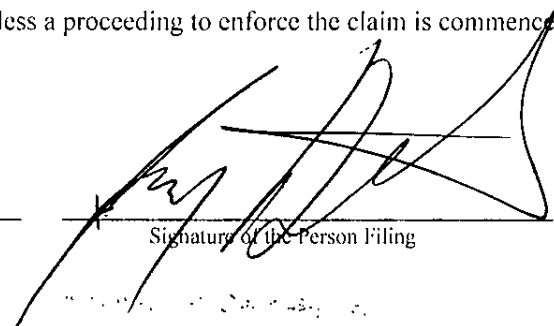
_____	Creditor Name,	_____
_____	Contact, Address and Phone	_____
_____	Description, Date and Amount of Claim,	_____
_____	Any related Contracts, Invoices or Documents	_____
_____		_____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Phyllis J. Towzey, Esq.  
475 CENTRAL AVE #401  
ST. PETERSBURG FL 33701

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JOSEPH DISTEFANO  
Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00