

**N0400000/920**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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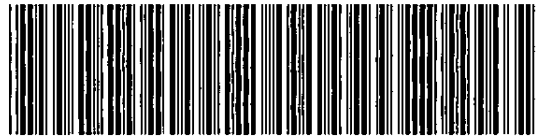
(Business Entity Name)

(Document Number)

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09 APR 23 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*cliss*  
**C.COULLIETTE**

APR 27 2009

**EXAMINER**

## JOSEPH A. TROIANO, ESQ., PA

### A PROFESSIONAL ASSOCIATION

JOSEPH A. TROIANO, ESQ.  
239.823.5222 CELL  
JTROIANO@JOSEPHTROIANOPA.COM

12800 UNIVERSITY DRIVE, SUITE 380  
FORT MYERS, FLORIDA 33907  
239.482.3998 TELEPHONE  
239.466.2866 FAX  
[WWW.JOSEPHTROIANOPA.COM](http://WWW.JOSEPHTROIANOPA.COM)

April 21, 2009

### PRIVATE AND CONFIDENTIAL

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: AESTHETX, INC.

Dear Sir or Madam:

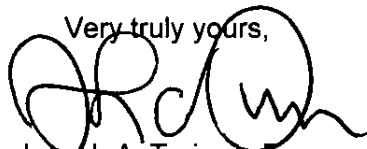
Enclosed for filing please find Articles of Dissolution for Aesthetx, Inc., a Florida Non-Profit Corporation.

Also enclosed is our check in the amount of \$35.00 for the required filing fee.

Please return the approved Articles of Dissolution to this office in the postage paid return envelope that we have provided.

Thank you for your assistance. Should you have any questions or require additional information, please feel free to contact me.

Very truly yours,



Joseph A. Troiano, Esq.  
For the Firm

JAT/bsb  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AESTHETX, INC.

**DOCUMENT NUMBER:** N04000001920

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

Please return all correspondence concerning this matter to the following:

JOSEPH A. TROIANO, ESQ.

(Name of Contact Person)

JOSEPH A. TROIANO, ESQ., P.A.

(Firm/Company)

12800 UNIVERSITY DRIVE, SUITE 380

(Address)

FORT MYERS, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH A. TROIANO, ESQ. at ( 239 ) 482-3998

(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 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:

AESTHETX, INC.

SECOND: The document number of the corporation (if known): N04000001920

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.

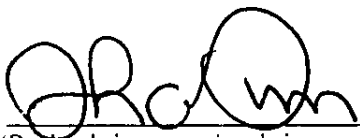
The date of adoption of the resolution by the board of directors was APRIL 13, 2009

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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09 APR 23 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: MAY 1, 2009  
(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.)

JOSEPH A. TROIANO  
(Typed or printed name of the person signing)

DIRECTOR-VICE CHAIRMAN  
(Title of person signing)

**FILING FEE: \$35**