

ND60000002319



(PAYER NAME) IS KING

Ms. Sharon Eidelson  
209 Disc Dr.  
Boynton Beach, FL 33436

(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



800145272898

03/13/09--01033--019 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 25 AM 10:37

Att D155  
10 3/24/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPINAL STENOSIS FOUNDATION

**DOCUMENT NUMBER:** NO 6000002315

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

Please return all correspondence concerning this matter to the following:

Sharon Eidelson

(Name of Contact Person)

STEWART EIDELSON

(Firm/Company)

209 DISC DR

(Address)

BB FL 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Eidelson

(Name of Contact Person)

at (561)

281 4053

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2009

SHARON EIDELSON  
209 DISC DR.  
BOYNTON BEACH, FL 33436

SUBJECT: SPINAL STENOSIS FOUNDATION OF PALM BEACH COUNTY,  
INC.  
Ref. Number: N06000002319

We have received your document for SPINAL STENOSIS FOUNDATION OF PALM BEACH COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 209A00008888

RECEIVED  
2009 MAR 25 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 25 AM 10:37

## 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:  
SPINAL STENOSIS FOUNDATION OF PB CTY
- SECOND: The document number of the corporation (if known): NO6000002319
- 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  
Dec 31 - 2008. 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 \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was  
\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 12-31-08  
(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.)

STEWART EIDELSON M.D.

(Typed or printed name of the person signing)

\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**