

N97000005225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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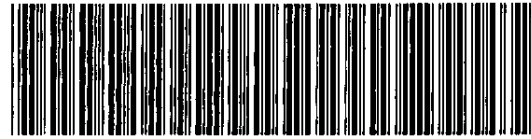
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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Att Disc/cc  
@ 12/15/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NPF REHABILITATION, INC - MISSOURI

**DOCUMENT NUMBER:** N97000005225

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

Please return all correspondence concerning this matter to the following:

PAMELA OLMO, VICE PRESIDENT OF FINANCE AND ADMINISTRATION

(Name of Contact Person)

NATIONAL PARKINSON FOUNDATION

(Firm/Company)

1501 NW 9TH AVENUE, BOB HOPE ROAD

(Address)

MIAMI, FLORIDA 33136-1407

(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA OLMO at ( 305 ) 243-3886

(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 617.1401, 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:

NPF REHABILITATION, INC. - MISSOURI

SECOND: The document number of the corporation (if known): N97000005225

THIRD: The file date of the articles of incorporation: 9/15/1997

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- The dissolution was authorized by a majority of the directors:  
OR
- The dissolution was authorized by an incorporator.
- The dissolution was authorized by a majority of the incorporators.

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Signature: Joyce A. Oberdorf  
(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)

Joyce A. Oberdorf  
(Typed or printed name of person signing)

Pres & CEO  
(Title of person signing)

**Filing Fee: \$35**