

P000000/0705

ORTHOPEDIC HEALTH CENTER, INC.
DENNIS B. ZASLOW, D.O.
2601 S W 37TH AVE, STE 607
MIAMI, FL 33133

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

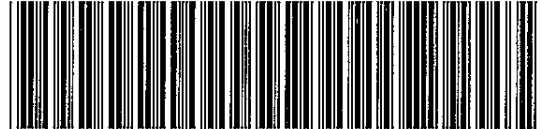
(Business Entity Name)

(Document Number)

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T. Lewis*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/25/06--01031--008 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION - SECTION 607.1403

DOCUMENT NUMBER: P00000010705

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

Please return all correspondence concerning this matter to the following:

BARNETT W ELLIS CPA
(Name of Contact Person)

STROUSS HUI ROOMBERG ELLIS, PC
(Firm/Company)

101 GREENWOOD AVE SUITE 202
(Address)

JENKINTOWN PA 19046
(City/State and Zip Code)

For further information concerning this matter, please call:

LORI ZASLOW at (305) 445-3881
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

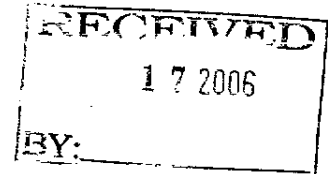
☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations



January 5, 2006

BARNETT W. ELLIS, CPA
STROUSS, HUI, ROOMBERG & ELLIS, PC
101 GREENWOOD AVE., SUITE 202
JENKINTOWN, PA 19046

SUBJECT: ALTERNATIVE HEALTHCARE CENTER, INC.
Ref. Number: P00000010705

We have received your document for ALTERNATIVE HEALTHCARE CENTER, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 106A00000677

RECEIVED
06 JAN 25 AM 8:00
DIVISION OF CORPORATIONS

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: ALTERNATIVE HEALTHCARE CENTER, INC.

SECOND: The document number of the corporation (if known): P0000001070

THIRD: The date dissolution was authorized: 12/20/05

Effective date of dissolution if applicable: _____
(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 of 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)

DENNIS B. ZASLOW

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35