

P00000023515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

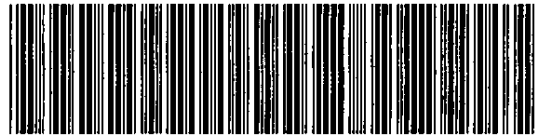
(Business Entity Name)

(Document Number)

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05/03/10--01047--002 \*\*52.50

10 MAY - 3 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Disposal  
Office  
5/10/10  
5/10/10  
5/10/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of The Center for Spine Medicine, PA

**DOCUMENT NUMBER:** P00000023515

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

Please return all correspondence concerning this matter to the following:

Charles M. Grudem, MD

(Name of Contact Person)

The Center for Spine Medicine, PA -aka The Center for Spine & PAIN Medicine

(Firm/Company)

*(Registered Fictitious Name  
which EXPIRED 12/31/09)*

1814 SW 28th Street

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles M. Grudem, MD

(Name of Contact Person)

at ( 352 ) 861-2650

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

The Center for Spine Medicine, PA

SECOND: The document number of the corporation (if known): P00000023515

THIRD: The date dissolution was authorized: April 29, 2010

Effective date of dissolution if applicable: April 29, 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: Charles M. Grudem MD

(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)

Charles M. Grudem, MD

(Typed or printed name of person signing)

President, Sole Shareholder

(Title of person signing)

**Filing Fee: \$35**

10 MAY -3 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## 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: The Center for Spine Medicine, PA

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:

Nature of Claim, Date claim is made and any indebtedness or obligation was reportedly incurred;  
date that the corporation was initially and last notified of a claim, any allegation of a "personal  
guarantee" by an officer of the corporation and clear evidence thereof, when and how such claim was made,  
why such claim should allegedly not be discharged in chapter 7 bankruptcy of the corporation and  
shareholder, if such immunity from discharge is claimed, legal counsel and/or contact person for claimant.

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

Charles Grudem, MD as President, Center for Spine Medicine, PA  
c/o Fawn Singletary, Esq., Attorney at Law  
2600 SE Lake Weir Avenue  
Ocala, FL 34471

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.

Charles M. Grudem, MD

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**