HOPKINS CENTER FOR VOCATIONAL AND OCCUPATIONAL MEDICINE

Functional Capacity Evaluations 🤞 Occupational Rehabilitation Program 🤿 Physical Re-conditioning 🍃 Physical Therapy 🡙 Back School

P000000067855

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314 DINISION OF APR 22 PM 1: NO

Dear Secretary of State;

Please accept this letter as official notice of dissolution of the corporation of Hopkins Center for Vocational and Occupational Medicine. Attached is the required check for \$35.00.

Thank you for your attention to this matter.

Respectfully submitted,

200005313422--5 -04/22/02--01068--009 *****35.00 *****35.00

Dr. Clayton W. Hopkins

Chiropractic Physician, Acupuncture Certified

Certified Disability Examiner

Diplomate of the American Board of Forensic Professionals

CWH/mso

Enclosure: As Stated

Dn. Cw, Hopking gave authorization to add date of adoption. 4/24

Voldis

ARTICLES OF DISSOLUTION

DIVISION OF CORPORATE

OZAPR 22 PM 1: 40

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation is:

FIRST:

SECOND:	The date dissolution was authorized: Hpril 18, 2002
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	solution was approved by vote of the shareholders through voting groups.
T en	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
(Dwpor
Sig	(voting group) med this $\frac{18^{42}}{}$ day of $\frac{4p\sqrt{1}}{}$, $\frac{2002}{}$
Signature _	(By the Chairman of the Board, President, or other officer)
	Clay too Hopkins (Typed or printed name)
	Title)