PDDDDDD0001134

(Re	equestor's Name))
(Ad	dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	nme)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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SECRETARY A SERVE

EFFECTIVE DATE

AND 155

DEC 15 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Dissolution of THE	HEAlth CENTER OF OrlANDO, INC.
DOCUMENT NUMBER: P0000007	7134
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Steve Strawn	
Steve Strawn (Name of Co	ontact Person)
THE HEALTH CENTER	OF DRLANDO, INC.
(Firm/	Company)
1784 W. NONHFIELD 131	vo , #347
Marfreesboro Tenne	ssee 37129
(City/State	and Zip Code)
For further information concerning this matte	r, please call:
STEVE STRAWN	at (<u>407-738-6579</u> (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	
Certificate of Status	(Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits

of dissolution:

EFFECTIVE DATE

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	THE HEALTH CENTER OF ORLANDO, INC.
SECOND:	The document number of the corporation (if known): P000000 77134
THIRD:	The date dissolution was authorized: 12/01/2016
	Effective date of dissolution if applicable: 12/31/20/6 (no more than 90 days after dissolution file date)
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 Ξ_{co}
	The humber of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signature: Director
	(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)
	STEVE STRAWN
	(Typed or printed name of person signing)
	Director
	(Title of person signing)