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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pines Chiropractic Associates PA dissolution

DOCUMENT NUMBER: P00000080023

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

Please return all correspondence concerning this matter to the following:

Theresa Canissimi

(Name of Contact Person)

Pines Chiropractic Associates P.A.

(Firm/Company)

9710 Shrling Rd #112

(Address)

Cooper City FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Canissimi

(Name of Contact Person)

at (954) 392-7700

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 DEC 22 PM 2:07

Pursuant to section 607.1401, 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:

Pines Chiropractic Associates, P.A.

SECOND: The document number of the corporation (if known): P00000080023

THIRD: The file date the articles of incorporation: 8/23/2000

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Theresa A. Carissimi

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35