## P00000085099

(Requestor's Name)		
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<b>→</b> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600046454816

02/21/05--01020--021 \*\*35.00

FILED

05 FEB | 9 AM | 1:56

SECRETARY OF STATE

Dissolution

T BROWN FEB 2 5 2005

February 16, 2005

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: DISSOLUTION OF Milestone Physical Therapy, PA

Enclosed please find a check in the amount of \$35.00 representing the filing fee for the "Articles of Dissolution" on the referenced corporation.

Should you have any questions regarding this dissolution, please contact my office.

Thank you for your prompt attention ot this matter.

Sincerely,

Jennifer Chandler

President

## 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 is: Milestone Physical Therapy, P.A.

SECOND:

The date dissolution was authorized: December 31, 2004

THIRD:

Adoption of Dissolution (check one)

Dissolution was approved by shareholders. The number of votes cast for dissolution was sufficient for approval.

[ ] Dissolution was approved by vote 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

SIGNED THIS 16

DAY OF

20 05

SIGNATURE:

TITLE:

Jennifor Chandler

FILED MILES ER 19 MILES FLORIDA