

PO1000046258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

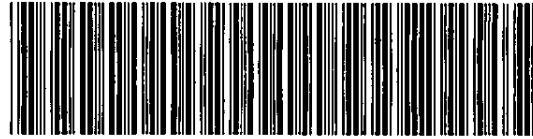
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/03/14--01016--021 **43.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 AUG 25 AM 11:50

Dissolution
w/notice

AUG 28 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation permanently

DOCUMENT NUMBER: PO1000046258

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

Please return all correspondence concerning this matter to the following:

Sourdes G Ocampo
(Name of Contact Person)

GEG Rehab & Therapy Services Inc
(Firm/Company)

1900 North Bayshore Drive #4906
(Address)

Miami FL, 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

Sourdes G Ocampo at (786) 290-6091
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

LOURDES G OCAMPO
GEC REHAB & THERAPY SERVICES, INC.
1900 NORTH BAYSHORE DRIVE #4906
MIAMI, FL 33132 US

SUBJECT: GEC REHAB & THERAPY SERVICES, INC.
Ref. Number: P01000046258

We have received your document for GEC REHAB & THERAPY SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box in section 7 for the Adoption of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 414A00015608

RECEIVED
14 AUG 25 AM 10:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 25 AM 11:50

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:

GEC Rehab & Therapy Services, Inc

SECOND: The document number of the corporation (if known): PO1000046258

THIRD: The file date of the articles of incorporation: 5/4/2001

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: [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.)

Lourdes Giuliana Ocampo

(Typed or printed name of person signing)

DP

(Title of Person Signing)

Filing Fee: \$35

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: GEC Rehab & Therapy Services Inc

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:

No known claims at this time

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

1900 North Bayshore Drive #4906
Miami FL, 33132

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.

Lourdes Giuliana Ocampo

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