

PO1000067454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

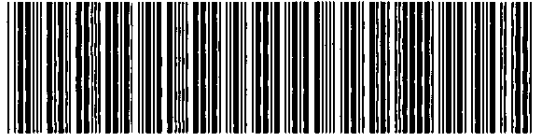
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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400160172674

09/17/09--01015--019 **35.00

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09 SEP 17 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dispute
Notice
9/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF FOR PROFIT CORPORATION: TREASURE COAST SPINE INSTITUTE, INC.

DOCUMENT NUMBER: P01000067454

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

Please return all correspondence concerning this matter to the following:

CYNTHIA J. VICKNAIR, D.C.

(Name of Contact Person)

TREASURE COAST SPINE INSTITUTE, INC., a Florida corporation

(Firm/Company)

3880 SE Dixie Highway, Stuart, Florida 34997

(Address)

Stuart, Florida 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

CYNTHIA J. VICKNAIR, D.C.

(Name of Contact Person)

at (772) 260-5555

(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

Pursuant to section 607.1403, 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:

TREASURE COAST SPINE INSTITUTE, INC., a Florida corporation

SECOND: The document number of the corporation (if known): P01000067454

THIRD: The date dissolution was authorized: September 1, 2009

Effective date of dissolution if applicable: September 15, 2009

(no more than 90 days after dissolution file date)

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

(voting group)

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)

SUSAN A. WINDLAND, D.C. and CYNTHIA J. VICKNAIR, D.C.

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR/SHAREHOLDER

SECRETARY/DIRECTOR/SHAREHOLDER

(Title of person signing)

Filing Fee: \$35

FILED
09 SEP 17 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TREASURE COAST SPINE INSTITUTE, INC., a FL corp.

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:

DATE CLAIM INCURRED, AMOUNT OF ORIGINAL CLAIM AND CURRENT AMOUNT CLAIMED,

DESCRIPTION OF BASIS OF CLAIM TOGETHER WITH ANY ACCOUNT NUMBERS OR SERIAL NUMBERS,

PERSON AUTHORIZING GOODS OR SERVICES ON WHICH CLAIM IS BASED, AND

CONTACT PERSON AT CLAIMANT'S BUSINESS AND CONTACT INFORMATION (PHONE & ADDRESS)

AND ANY OTHER INFORMATION NEEDED IN THE RESOLUTION OF THE CLAIM PURSUED.

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

CYNTHIA J. VICKNAIR, D.C., 3880 SE Dixie Highway, Stuart, FL 34997

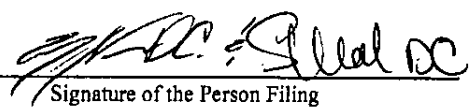
and

SUSAN A. WINDLAND, D.C., 6054 SE Orange Blossom Trail, Hobe Sound, FL 33455

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.

CYNTHIA J. VICKNAIR, D.C. & SUSAN A. WINDLAND, D.C.

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