

PD2000041897

Requester's Name

Outpatient Pain & Wellness Center  
4602 N. Armenia Suite D-2  
Tampa, FL 33603

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

300005575343--5  
-05/20/02--01082--017  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
02 JUN 13 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art Diao  
Examiner's Initials

CR2E031(7/97)

Spoke w/Kathy Clements  
Authorized to Add (And)  
to Form 6/14/02 (1a)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 3, 2002

KATHY CLEMENTS  
201 W. LAUREL ST. #911  
TAMPA, FL 33602

SUBJECT: OUTPATIENT PAIN AND WELLNESS CENTERS, INC.  
Ref. Number: P02000041897

We have received your document for OUTPATIENT PAIN AND WELLNESS CENTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 202A00035058

RECEIVED

02 JUN 13 PM 12:41

DIVISION OF CORPORATIONS

## 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: OUTPATIENT PAIN AND WELLNESS CENTER, INC.

SECOND: The date dissolution was authorized: 5-14-02

THIRD: 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 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

\_\_\_\_\_  
(voting group)

Signed this 15 day of MAY

Signature

[Signature]  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

TIMOTHY E SHEPPARD  
(Typed or printed name)

President  
(Title)

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02 JUN 13 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA