

PO 2000099166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

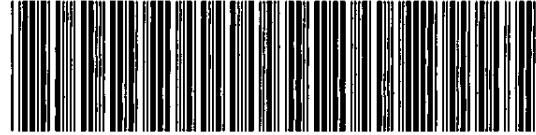
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500135527035

09/16/08--01004--013 **35.00

FILED
08 OCT 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Volkman, D.S.

W/Notice

10/21/08

De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation
going out of business

DOCUMENT NUMBER: P02 000099166

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

Please return all correspondence concerning this matter to the following:

DR. MINDY SENTER
(Name of Contact Person)

The Pembroke Pines Accident and Injury Center Inc
(Firm/Company)

1633 North Hiatus Road
(Address)

Pembroke Pines FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. MINDY SENTER (954) 931-2312
(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

September 30, 2008

MINDY SENTER
1633 NORTH HIATUS ROAD
PEMBROKE PINES, FL 33024

SUBJECT: THE PEMBROKE PINES ACCIDENT & INJURY CENTER, INC
Ref. Number: P02000099166

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

The document must state the date the dissolution was authorized.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 408A00052023

RECEIVED
2008 OCT 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The Pembroke Pines Accident & Injury Center, Inc

SECOND: The document number of the corporation (if known): P020000099166

THIRD: The date dissolution was authorized: 9/12/08

Effective date of dissolution if applicable: _____
(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)

Dir. Mandy Senter
(Typed or printed name of person signing)

Director
(Title of person signing)

Filing Fee: \$35

FILED
09 OCT 16 PM 2:59
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: The Pembroke Pines Accident Injury Center, 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:

Date: 9/12/08

Closing Business

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

Dr Mindy Senter

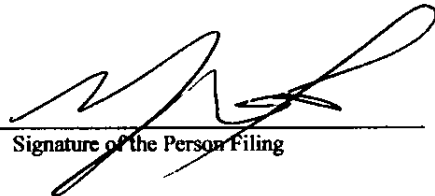
1112 Weston Rd #159

Weston FL 33326

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.

Dr Mindy Senter

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