

PD2000111882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

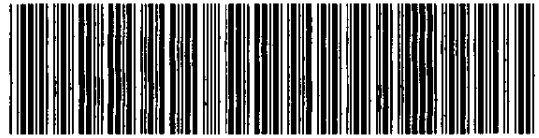
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/09--01004--019 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 DEC 28 PM 12:36

EFFECTIVE DATE

12.31.09

Art Diss
@ 12/31/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUSCLE SKELETAL PAIN CENTER

DOCUMENT NUMBER: P02000111882

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

Please return all correspondence concerning this matter to the following:

DARREL HACKETT

(Name of Contact Person)

(Firm/Company)

PO BOX 3144

(Address)

OCALA, FL. 34478

(City/State and Zip Code)

For further information concerning this matter, please call:

DARREL HACKETT

(Name of Contact Person)

at (352) 266-4818

(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

EFFECTIVE DATE
12/31/09

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:

MUSCLE SKELETAL PAIN CENTER

SECOND: The document number of the corporation (if known): P02000111882

THIRD: The date dissolution was authorized: 12/15/09

Effective date of dissolution if applicable: 12/31/09

(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.

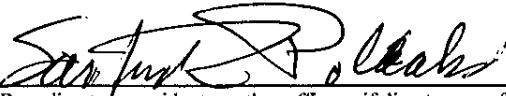
☐ Dissolution was approved by the shareholders through voting groups.

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

ALL STOCKHOLDERS

(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)

SANFORD Z. POLLAK

(Typed or printed name of person signing)

PST

(Title of person signing)

Filing Fee: \$35

FILED
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