

PO2000115508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

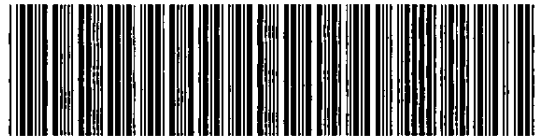
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:
PROFESSIONAL ORTHOPEDIC CENTER INC

DOCUMENT NUMBER: P02000115508 The

enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all
correspondence concerning this matter to the following:

MARISOL GUERRERO

8550 NW 30 AVE

MIAMI, FL 33147

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

PROFESSIONAL ORTHOPEDIC CENTER INC

SECOND: The document number of the corporation (if known): P02000115508

THIRD: The date dissolution was authorized: AUG 4, 2009

Effective date of dissolution if applicable: AUG 4, 2009

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ (X) Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.


☐ ~ Dissolution was approved by 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 4th day of August, 2009

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)

(Typed or printed name of person signing)

MARISOL GUERRERO

(Title of person signing)

PRESIDENT

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