P03000072210

(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

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02/25/10--01026--015 **43.75

10 APR -5 PM 4:09

Void is.

D. GONNELL APR 06 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2010

NANCY C. MACKENZIE DC
WOODBINE FAMILY CHIROPRACTIC CARE, P.A.
4670 WOODBINE ROAD
PACE, FL 32571

SUBJECT: WOODBINE FAMILY CHIROPRACTIC CARE, P.A.
Ref. Number: P03000072210

We have received your document and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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: 710A00005281

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Closing business Woodbine Family Chiropractic Care PA

DOCUMENT NUMBER: P03000072210

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

Please return all correspondence concerning this matter to the following:

Nancy C. MacKenzie DC
(Name of Contact Person)

Woodbine Family Chiropractic Care PA
(Firm/Company)

current mailing address: 5801 Hwy 178, Milton, FL 32570
(Address)

previous address: 4670 Woodbine Rd., Pace, FL 32571
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy C. MacKenzie DC at (850) 207-1426
(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

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:

Woodbine Family Chiropractic Care, P.A.

SECOND: The document number of the corporation (if known): P0300072210

THIRD: The date dissolution was authorized: December 31, 2009

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)

10 APR -5 PM 4:09

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)

Nancy C. MacKenzie DC
(Typed or printed name of person signing)

president
(Title of person signing)

Filing Fee: $35