

P03000088949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

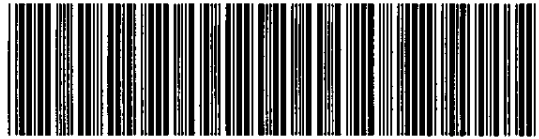
(Document Number)

Certified Copies _____

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01/05/09--01100--007 **25.00

03/03/09--01003--019 **30.00

FILED
09 MAR -2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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3/3/09
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2009

NATALIYA SONIS
1174 ARTHUR STREET
HOLLYWOOD, FL 33019

SUBJECT: SOUTH NAPLES REHAB, INC.
Ref. Number: P03000088949

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The current name of the entity is as referenced above. Please correct your document accordingly.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

There is a fee of \$10.00 due.

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) 245-6908.

Darlene Connell
Regulatory Specialist II

Letter Number: 909A00001557

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH NAPLES REHAB, INC.

DOCUMENT NUMBER: P03000088949

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

Please return all correspondence concerning this matter to the following:

NATALIYA SONIS

(Name of Contact Person)

SOUTH NAPLES REHAB, INC.

(Firm/Company)

1174 ARTHUR STREET

(Address)

HOLLYWOOD, FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

NATALIYA SONIS

(Name of Contact Person)

at (818) 730-0055

(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 607.1401, 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:
SOUTH NAPLES REHAB, INC.

SECOND: The document number of the corporation (if known): P03000088949

THIRD: The file date of the articles of incorporation: 08/14/03

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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09 MAR -2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: N. Sonis

(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.)

NATALIYA SONIS

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35