

P03000099793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

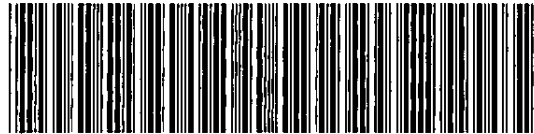
Certified Copies _____

Certificates of Status _____



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10/01/09--01007--003 **43.75

CLERK OF STATE
TALLAHASSEE, FLORIDA

09 SEP 28 PM 1:25

FILED

*Valid w/notice
News
10-1-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INDEPENDENT Rehab SERVICES INC

DOCUMENT NUMBER: P03000099793

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

Please return all correspondence concerning this matter to the following:

Kenneth McCoy
(Name of Contact Person)

Kenneth W McCoy PA
(Firm/Company)

15271 NW 60th Ave #203
(Address)

MIAMI LAKES FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth McCoy at (305) 698 9001
(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)

RECEIVED

2009 SEP 10 AM 8:00

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

MAILING ADDRESS:
Amendment Section
Division of Corporations
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 15, 2009

KENNETH MCCOY
KENNETH W. MCCOY, P.A.
15271 N.W. 60TH AVENUE, #203
MIAMI LAKES, FL 33014

SUBJECT: INDEPENDENT REHAB SERVICES INC.
Ref. Number: P03000099793

We have received your document for INDEPENDENT REHAB SERVICES INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 709A00030329

RECEIVED
2009 SEP 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304

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: Independent Rehab Services Inc

SECOND: The document number of the corporation (if known): P03000099193

THIRD: The date dissolution was authorized: 8/26/09

Effective date of dissolution if applicable: 8/26/09
(no more than 90 days after dissolution file date)

FILED
09 SEP 28 PM 1:25
CLERK OF THE
STATE
FLORIDA

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: ✓

Jennifer A. Parrett
(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)

Jennifer A. Parrett
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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: Independent Rehab Services 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*.

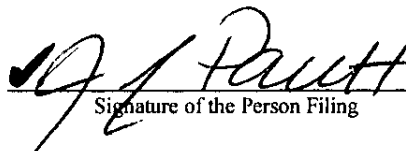
Description of information that must be included in a claim:

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

17821 NW 19 St
Pembroke Pines FL 33029

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.

Jennifer A. Parrett
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