

P03000115651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

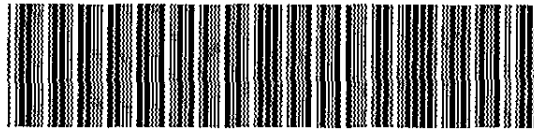
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/27/04--01020--008 **52.50

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04 MAR -8 AM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/10

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: -Dissolution of my buisness

DOCUMENT NUMBER: P03000115651

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

Please return all correspondence concerning this matter to the following:

MARK P. WILLEMEN

(Name of Person)

ADVANCED PHYSICAL THERAPY OF PALM CITY, INC.

(Name of Firm/Company)

3664 SW 30 AVE. PALM CITY, FL 34990

(this is address on file, but I never moved in or signed a lease)

(as I could not come to terms with the landlord and had to
(Address)
(take W-2 paid employment to support my family)

(City/State/and Zip Code)

For further information concerning this matter, please call:

Mark P. Willemen at (772) 285-9087
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: home phone (772) 288-7245

- ☐ \$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, Florida 32314

STREET ADDRESS:

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

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 Department of State:

ADVANCED Physical Therapy of Palm City, Inc.

SECOND: The document number of the corporation (if known): P03000115651

THIRD: The file date of the articles of incorporation was: 10/17/2003

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.

Signed this 3 day of MARCH 2004

Signature: Mark P. Willemen President
(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.)

MARK P. Willemen
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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: advanced physical therapy of palm city, 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:

1-could not come to terms with landlord

2-building still not complete

3-never conducted any buisness

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

my apartment, as my house is still under construction since 8/03

MARK P. WILLEMEN

3621 SW COQUINA COVE WAY APARTMENT #106

PALM CITY, FL 34990-8168

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.

MARK P. WILLEMEN

Printed Name of the Person Filing

Mark P. Willemen

Signature of the Person Filing