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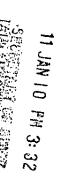
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution Adams Chi	ropractic Center, PA.
DOCUMENT NUMBER: PO3000	7115685
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ron Adams (Name of Conta	1
Adams Chirapractic Cente	r. PA.
(Firm/Con	npany)
54 S. Main St.	
(Address	s)
54 S. Main St. (Address Poland OH10 44514	
(City/State and	Zip Code)
For further information concerning this matter, pl	ease call:
Ron Adams	nt (330) 550 - 8208
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Ad	3.75 Filing Fee & \$\sum \\$52.50 Filing Fee, rtified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee El 22214	2661 Evacutive 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:
	Adams Chiropraetic Center, P.A.
SECOND:	The document number of the corporation (if known): P 03 000 115685
THIRD:	The file date of the articles of incorporation: $10/17/2003$
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.
Sign	ature: Conall Adams
	(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.)
	Ronald Adams
	(Typed or printed name of person signing)
	ouver/President.
	(Title of Person Signing)

Filing Fee: \$35