

P03000137670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)


☐ PICK-UP

☐ WAIT

☐ MAIL

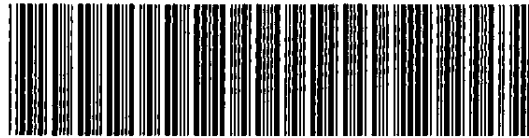
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 

Special Instructions to Filing Officer:

Office Use Only



500200352055

Rtn. Ck.

04/05/11--01019--000 **43.75

Red.
ck. →

06/03/11--01007--001 **58.75

UD/WATKINS

FILED
11 JUN -2 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

DEBORAH E SPRINGER
SPRINGER CHIROPRACTIC CLINIC, INC.
35008 US HWY 19 N
PALM HARBOR, FL 34684

SUBJECT: SPRINGER CHIROPRACTIC CLINIC, INC.
Ref. Number: P03000137670

We have received your document for SPRINGER CHIROPRACTIC CLINIC, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please refer to the attached letter dated April 25, 2011 in reference to Memo #05088-C. Please return document with cashier's check or money order in the amount of \$58.75.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 711A00012279



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2011

SPRINGER CHIROPRACTIC CLINIC, INC.
35008 US HWY. 19 N.
PALM HARBOR, FL 34684

SUBJECT: SPRINGER CHIROPRACTIC CLINIC, INC.
Ref. Number: P03000137670

Memo #: 05088-C

This letter is to inform you that your check number 1061 for \$43.75, which was dated March 29, 2011 and submitted for SPRINGER CHIROPRACTIC CLINIC, INC. has been returned to us by your bank because of CLOSED ACCOUNT.

We are notifying you because our records indicate that the paperwork for SPRINGER CHIROPRACTIC CLINIC, INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$58.75, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: TINA ROBERTS
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan
Administrative Assistant II
Bureau of Commercial Recording

Letter Number: 211A00010002



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2011

DEBORAH E. SPRINGER
SPRINGER CHIROPRACTIC CLINIC, INC.
35008 US HWY 19 N
PALM HARBOR, FL 34684

SUBJECT: SPRINGER CHIROPRACTIC CLINIC, INC.
Ref. Number: P03000137670

We have received your document for SPRINGER CHIROPRACTIC CLINIC, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Corporate Dissolution form is not signed.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 811A00008375

RECEIVED
11 JUN -2 PM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of For Profit S Corp Springer Chiropractic Clinic, Inc.

DOCUMENT NUMBER: P03000137670

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

Please return all correspondence concerning this matter to the following:

Deborah E. Springer, Pres

(Name of Contact Person)

Springer Chiropractic Clinic, Inc.

(Firm/Company)

35008 US Hwy 19 N

(Address)

Palm Harbor, FL 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah E. Springer

(Name of Contact Person)

at (727) 460-2853

(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:
Springer Chiropractic Clinic, Inc.

SECOND: The document number of the corporation (if known): P03000137670

THIRD: The date dissolution was authorized: 01/01/2011

Effective date of dissolution if applicable: 01/01/2011
(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

Deborah E. Springer

(voting group)

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)

Deborah E. Springer

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
11 JUN -2 AM 9:12
SECRETARY OF STATE
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: Springer Chiropractic Clinic, 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:

01/01/2011 is the effective date of dissolution FEIN 33-1075207

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

Deborah E. Springer

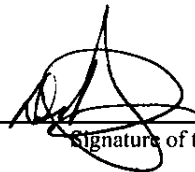
360 Duncan Loop E 302

Dunedin, FL 34698

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.

Deborah E. Springer

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