## POH000022948

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: centers for disease prevent	tion and longevity
DOCUMENT NUMBER: p04000022948	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
barbara green	
(Name of Contac	et Person)
centers for disease prevention and lo	ongevity
(Firm/Com	pany)
6526 via vicenza	
(Address)	
delray beach. florida 33446	
(City/State and	Zip Code)
For further information concerning this matter, ple	ease call:
	t ( 561 ) 637-1802
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Add	3.75 Filing Fee & S52.50 Filing Fee, cified Copy 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 Departme	ent of State:		
	centers for disease prevention and longevity, $\mathcal{T}_{nc}$ .			
SECOND:	The document number of the corporation (if known): p04000022948			
THIRD: The file date of the articles of incorporation: 04/28/05		Ferm		
FOURTH:	(CHECK AT LEAST ONE BOX)	TLCRE	<u>:</u>	
	None of the corporation's shares have been issued.	N-4 TARY ASSEE	Ī	
	✓ The corporation has not commenced business.	-4 AM 8: 32 RY OF STATE SEE, FLORIO		
FIFTH:	No debt of the corporation remains unpaid.	ATE PRIDA		
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:  (By a director, president or other officers if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  Barbara  (Typed or printed name of person signing)  Previolent  (Title of Person Signing)	an incorporator - if		
	(Title of Person Signing)			

Filing Fee: \$35