P04000069530

(Re	equestor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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SECRETAIN OF STATE

3/24/05 Diss.

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of Co	prporation	
DOCUMENT NUMBER: P040000	069530	
The enclosed Articles of Dissolution an	nd fee are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Valerie Valentin		
0	Name of Person)	
Healing Hands Chiropracti	ic Center Inc	
(Name	of Firm/Company)	
1410 North Pine Hills Rd.		
	(Address)	
Orlando, Fl 32808		
	/State/and Zip Code)	
For further information concerning this:	matter, please call:	
	•	
Valerie Valentin	at (407) 729-1857	
(Name of Person)	(Area Code & Daytime Telephone Number	
Enclosed is a check for the following an	nount:	
	& 43.75 Filing Fee & 2 \$52.50 Filing Fee,	
Certificate of Statu	is Certified Copy Certificate of Status &	
	(Additional copy is Certified Copy enclosed) (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
vision of Corporations Division of Corporations Division of Corporations Adoption of Corporations Division of Corporations		
Tallahassee, Florida 32314	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 the Florida Department of State:
	Healing Hands Chiropractic Center, Inc.
SECOND	The document number of the corporation (if known): P04000069530
THIRD:	The file date of the articles of incorporation: April 28, 2004
FOURTH	
	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.
SEVENTE	I: Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	Signed this #17 day of March . 2005.
	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.)
	Valerie Valentin (Typed or printed name of person signing)
	President Title of person signing)

Filing Fee: \$35