P04000159856

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Articles of Dissolution			
DOCUMENT NUMBER: P04000159856			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Kathlem Higsins (Name of Contact Person)			
(Name of Corffact Person)			
13146 Cabin Ct.			
(Address) Hvdson, FL 34667 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kulley Hygins at (352) 678, 9535 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) 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 Department of	of State:		
	Medical Massage Services PA			
SECOND:	The document number of the corporation (if known): Po4000159	256		
THIRD:	The file date of the articles of incorporation: $\frac{41/2005}{}$			
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 distribute to the shareholders, if shares were issued.	SEC 88		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	MAR 24 CAHASSEL		
	A majority of the incorporators authorized the dissolution.	RY O		
	A majority of the directors authorized the dissolution.	PH 2: PF ST/ EF LOR		
		15 ts		
Signature: (By a director, president or other officer - if directors or difficers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)				
(Typed or printed name of person signing)				
PDVS +T (Title of Person Signing)				

Filing Fee: \$35