P04000161851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

RECEIVED
2009 FEB 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION

**DOCUMENT NUMBER:** P04000161851

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

Please return all correspondence concerning this matter to the following:

DORLENE ZASLOW
(Name of Contact Person)

ORTHOPEDIC HEALTH & REHAB CENTER
(Firm/Company)

2601 SW 37TH AVE STE 607
(Address)

MIAMI FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

DORLENE ZASLOW at (305) 445 5056
(Name of Contact Person) (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

NO MONEY

**STREET ADDRESS:**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

W/NOTICE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2009

DARLENE ZASLOW
ORTHOPEDIC HEALTH & REHAB CENTER
2601 SW 37TH AVENUE, SUITE 607
MIAMI, FL 33133

SUBJECT: ORTHOPEDIC HEALTH AND REHABILITATION CENTER, P.A.
Ref. Number: P04000161851

We have received your document for ORTHOPEDIC HEALTH AND REHABILITATION CENTER, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $35.00.

The fee to file articles of dissolution or a certificate of withdrawal is $35. Certified copies are optional and are $8.75 for the first 8 pages of the document, and $1 for each additional page, not to exceed $52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 409A00006260

# 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:

ORTHOPEDIC HEALTH & REHAB CENTER

SECOND: The document number of the corporation (if known): P04000161851

THIRD: The date dissolution was authorized: 12/31/08

Effective date of dissolution if applicable: 12/31/08
(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

DORLENE ZASLOW
(voting group)

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TALLAHASSEE, FLORIDA

Signature: Dorlene Zaslow 2/3/09
(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)

DORLENE ZASLOW
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

**Filing Fee: $35**

# 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: ORTHOPEDIC HEALTH & REHAB CTR

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:

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

2601 SW 37TH AVE STE 607
MIAMI FL 33133

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.

DORLENE ZASLOW
Printed Name of the Person Filing

Dorlene Zaslow
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately $35.00**