

P05000042329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

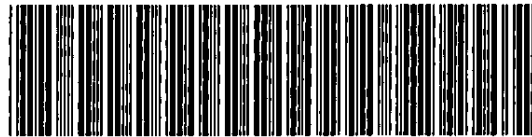
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 PM 1:00

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08/30/06

De

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DeLray Pain Relief Center Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

VIRGINIA PHAM

(Name of Contact Person)

DeLray Pain Relief Center, Inc

(Firm/Company)

(of) 4733 W. Atlantic Ave. Suite C-17

(Address)

DeLray Beach, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Virginia Pham

(Name of Contact Person)

at (954) 275-6437

(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

August 24, 2006

To Whom It May Concern,

I am sending a request for dissolution of the corporation Delray Pain Relief Center, Inc. which has been inactive in any business since hurricane season of 2005. I am apologetic for this delay, and hope to expedite the process for dissolution as necessary. Unfortunately I was unaware that the dissolution documents had not been processed by the company officer who was in charge of the financial and legal documents, as had been requested upon its closing in the fall of 2005. This is a great matter of importance to me to resolve and complete the procedures outlined by the State of Florida for immediate dissolution. I regret that I wasn't aware sooner, and hope to rectify the situation without further complications in a timely manner.

Sincerest Regards,

A handwritten signature in black ink, appearing to read "Virginia Pham, AP", with a stylized flourish at the end.

Virginia Pham, AP
Acupuncture Physician
954-275-6437

of formerly known as, Delray Pain Relief Center, Inc.

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:

Delray Pain Relief Center, Inc.

SECOND: The document number of the corporation (if known): P05000042329

THIRD: The file date of the articles of incorporation: 03/21/05

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 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.

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.)

VIRGINIA PHAM

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 PM 1:00

Filing Fee: \$35