

P050000079543

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INJURY THERAPY CENTER

**DOCUMENT NUMBER:** P05000079543

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

Please return all correspondence concerning this matter to the following:

ROBERTO THELUSMA

(Name of Contact Person)

INJURY THERAPY CENTER, INC

(Firm/Company)

6636 POMEROY CIRCLE

(Address)

ORLANDO, FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO THELUSMA

(Name of Contact Person)

at ( 407 ) 298-2246

(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

## 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:

INJURY THERAPY CENTER, INC

SECOND: The document number of the corporation (if known): P05000079543

THIRD: The file date the articles of incorporation: JUNE 2, 2005

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

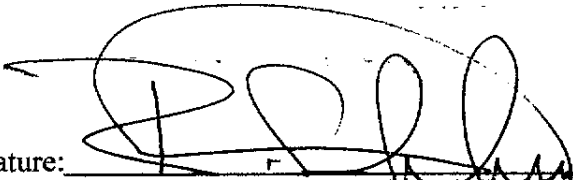
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been 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.)

Roberto Thekuma  
(Typed or printed name of person signing)

President  
(Title of Person Signing)

FILED  
05 DEC 12 AM 10:00  
TALLAHASSEE, FLORIDA

Filing Fee: \$35