

P05000093765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

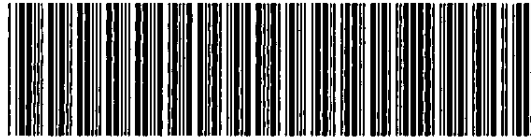
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Corrected  
name of  
corp. (SB)



400096168774

04/09/07--01022--003 \*\*35.00

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07 APR -9 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISS.  
JP

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Central Avenue Pain Management & Rehabilitation Center

**DOCUMENT NUMBER:** PO5000093765

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

Please return all correspondence concerning this matter to the following:

Yevgeniy Barg

(Name of Contact Person)

(Firm/Company)

209 Marshall Wood Road

(Address)

Reisterstown, Maryland 21136

(City/State and Zip Code)

For further information concerning this matter, please call:

Yevgeniy Barg

(Name of Contact Person)

at ( 410 ) 458-8299

(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 607.1403, 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:  
Central Avenue Pain Management and Rehabilitation Center, Inc.

SECOND: The document number of the corporation (if known): PO5000093765

THIRD: The date dissolution was authorized: 12/31/06

Effective date of dissolution if applicable: \_\_\_\_\_  
(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

100%

(voting group)

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)

EUGENE BARG

(Typed or printed name of person signing)

SHAREHOLDER

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA