

PD5000100486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

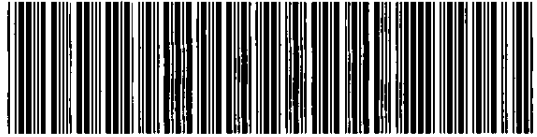
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600149611426

04/13/09--01031--018 \*\*35.00

FILED

2009 APR 13 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss.

TB

4-15-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** PO5000100486

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

Please return all correspondence concerning this matter to the following:

Dr BARRY S ORLOVE

(Name of Contact Person)

ORLOVE HEALTH SERVICES CORPORATION

(Firm/Company)

4040 LUDWICK ST

(Address)

Pittsburgh PA 15217

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr Barry Orlove

(Name of Contact Person)

at ( 412 ) 478-0183

(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:

ORLOVE HEALTH SERVICES CORPORATION

SECOND: The document number of the corporation (if known): 905000100486

THIRD: The file date the articles of incorporation: 7/18/05

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.)

BARRY S ORLOVE

(Typed or printed name of person signing)

Doctor, Owner/Director

(Title of Person Signing)

FILED  
2009 APR 13 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35