

P050000144/512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

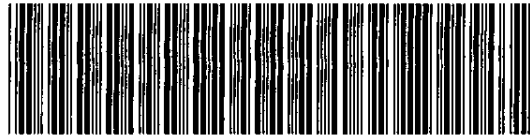
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR - 4 AM 9:37

Any Dis
w/notice
to 4.6.11

James P. Demetriou

Attorney at Law

*Admitted to practice in:
NY, PA, NJ, FL*

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St. Augustine, FL 32095***

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200 Old Country Road
Mineola, NY 11501***

Email: jim@demetrioulaw.com

Please reply to: Florida

December 7, 2010

Department of State
Amendment Section, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amna Spa, Inc.
Document Number 200060056882

Gentlemen:

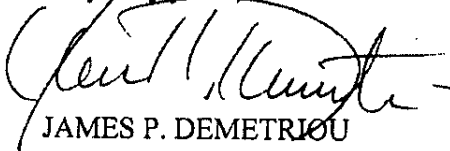
Enclosed please find Article of Dissolution and Notice of Corporate Dissolution relative to the captioned corporation, together with a check in the sum of \$35.00.

Kindly file the enclosed for dissolution and return all filed documents to the Florida address noted on this letterhead.

In the event you require anything further, please contact me.

Thank you for your kind attention and assistance.

Very truly yours,


JAMES P. DEMETRIOU

Enc.

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:

AMNA SPA INC.

SECOND: The document number of the corporation (if known): 200060056882

THIRD: The date dissolution was authorized: November 1, 2010

Effective date of dissolution if applicable: December 31, 2010

(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

(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)

ARKAM REHMAN, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: AMNA SPA INC.

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:

Name, address, phone, email, date and description of transaction, amount of claim, method of payment, detailed description of claim.

If any of the above information is omitted, false or invalid, the claim will be deemed null and void and will not be addressed.

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

Arkam Rehman, M.D., President

Amna Spa, Inc., c/o Sunshine Spine & Pain, P.A.


14540 Old St. Augustine Road, Suite 2397

Jacksonville, FL 32258

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.

Arkam Rehman, M.D., President

Printed Name of the Person Filing


Signature of the Person Filing

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