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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Anatomic, Inc.		
DOCUMENT NUMBER: POGOCOCITOG9		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eric L. Rosenberg (Name of Contact Person)		
Eric L. Rosenberg, P.A.		
(Firm/Company)		
S851 Holmberg Road, Swite 523 (Address) Parkland, Florida 33067 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Eric L. Rosenberg at (561) 716-8176 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$\square\		
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		

FILED

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the follow of dissolution: SECRETARY OF STATE TALLAHASSEE. FLORIDA FIRST: The name of the corporation as currently filed with the Florida Department of State: Anatomic The document number of the corporation (if known): POGOOOOIIOG9 SECOND: The date dissolution was authorized: THIRD: 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 (voting group) Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the nands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35