

PO6000108138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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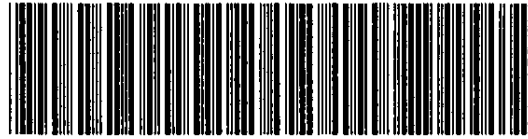
(Business Entity Name)

(Document Number)

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FEB - 5 2013
T. LEMIEUX
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1ST KINETIC CARE, INC.

DOCUMENT NUMBER: P06000108138

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

Please return all correspondence concerning this matter to the following:

TALARICO DE NOLASCO, MARIANA B.

(Name of Contact Person)

1ST KINETIC CARE, INC.

(Firm/Company)

4620 FILLMORE STREET

(Address)

HOLLYWOOD

FL

33021

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (786) 262-4324
(Name of Contact Person) (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 sections 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: **1ST KINETIC CARE, INC.**
P06000108138

SECOND: The date dissolution was authorized: **12/31/2012**


THIRD: 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 vote of 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)

Signed this 31 day of DECEMBER, 2012

Signature  _____

OR

(By the Chairman or Vice Chairman of the Board, President, or other officer)

TALARICO DE NOLASCO, MARIANA B.

Name

PRESIDENT

Title

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA