

P06000132977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

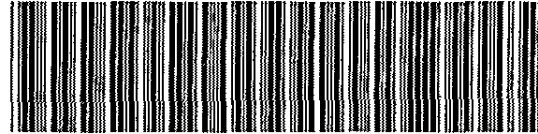
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 12 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Pain Clinic of Delray, Inc.

DOCUMENT NUMBER: 906000132977

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

Please return all correspondence concerning this matter to the following:

Edward Jaffe
(Name of Contact Person)

/
(Firm/Company)

130 John F. Kennedy Dr. #134
(Address)

Atlantic, FL 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Jaffe at (561) 644-2907
(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

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bmits the following articles
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Department of State

FIRST: The name of the corporation as currently filed with the Florida Department of State.

A Pair Chase of Delray, Inc.

SECOND: The document number of the corporation (if known): 106040132977

THIRD: The date dissolution was authorized: August 29 2007

Effective date of dissolution if applicable: August 29, 2007
(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: x *Allen J. Jernan*
(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)

x Ellen Ferrer
(Typed or printed name of person signing)

x V.P.
(Title of person signing)

Filing Fee: \$35