

FROM: LAZ

FAX NO. (305) 220-1440

Dec. 01 2008 10:27AM P1  
<https://ohle.state.fl.us/scripts/cfilcovr.exe>

P07000023681

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000264566 3)))



H080002645663ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617 6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I200000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

RECEIVED  
2008 DEC -1 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL  
AM THERAPY CENTER CORP.

FILED  
08 DEC -1 PM 3:56

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten notes: 12/1/08, 9:14 AM, 12/1/08, 9:14 AM, 12/1/08, 9:14 AM

H08000264566

## 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:

AM THERAPY CENTER CORP.

SECOND: The document number of the corporation (if known): P07000023681

THIRD: The date dissolution was authorized: 12/11/08

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 hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ASHLEY BALUTA

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

Filing Fee: \$35

H08000264566

FILED  
08 DEC -1 PM 3:56  
THE FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA