Division of Corporations 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.

(((H15000021802 3)))



H150000218023ABCT

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)675-5944



DISSOLUTION OR WITHDRAWAL ALTERNATIVE PHYSICAL MEDICINE, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

#6736 P 002/002 H 1 5 P DEB 0 2 18 0 2 2015 JAN 27 PM 1: 56

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following of the statutes on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State;
	ALTERNATIVE PHYSICAL MEDICINE, IN
SECOND:	The document number of the corporation (if known): POTO0003495
THIRD:	The date dissolution was authorized: 1-27-15
	Effective date of dissolution if applicable: (no more than 90 days after dissolution flic 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 is in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	TUPEK MARTINET (Typed or printed name of person signing)
	PD.
	(Title of person signing)

Filing Fce: \$35