

P07000109801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2010 JAN 25 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-26-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PHYSICAL THERAPY ON WHEELS, INC.

DOCUMENT NUMBER: P07000109801

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

Please return all correspondence concerning this matter to the following:

EVELYN R. YOUNG

Name of Contact Person

KEY YOUNG ASSOCIATES, INC.

Firm/Company

100 N. STATE RD. 7, SUITE 201

Address

MARGATE, FL. 33063

City/State and Zip Code

keyyoungassociates@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN R. YOUNG

Name of Contact Person

at (**954**) **822-6878**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2010

EVELYN YOUNG
KEY YOUNG ASSOCIATES, INC.
100 N. STATE ROAD 7, SUITE 201
MARGATE, FL 33063

SUBJECT: PHYSICAL THERAPY ON WHEELS, INC.
Ref. Number: P07000109801

We have received your document for PHYSICAL THERAPY ON WHEELS, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 310A00001106

RECEIVED
2010 JAN 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Physical Therapy on Wheels, Inc.

SECOND: The document number of the corporation (if known): P07000109801

THIRD: The date dissolution was authorized: 12/31/2009

Effective date of dissolution if applicable: 1/25/2010
(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

(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)

Dimitri Cosmids

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 25 PM 2:57

FILED

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Notice of Corporate Dissolution of Physical Therapy on Wheels Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

to dissolved the Inc. Physical therapy
on Wheels Inc on 1/25/2010

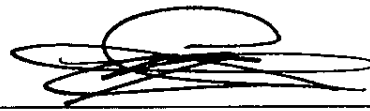
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Evelyn Young
100 N. State Rd. 7 Suite #201
Margate Fl. 33063

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Dimitri Cosmios

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00