

P07000131616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

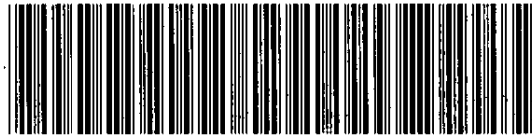
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss
C.COULLIETTE

JUL 17 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Close the Corporation

DOCUMENT NUMBER: P07000131616

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

Please return all correspondence concerning this matter to the following:

CARLA B. CATALAN
(Name of Contact Person)

—
(Firm/Company)

P.O. BOX 432120
(Address)

MIAMI, FL 33243
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA B. CATALAN at (786) 290-5637
(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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

FLORIDA CHIROPRACTIC CENTER INC

SECOND: The document number of the corporation (if known): P07000131616

THIRD: The file date of the articles of incorporation: 12/12/2007

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: ll ltl

(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.)

CARLA B. CATALAN
(Typed or printed name of person signing)

PRESIDENT / REGISTER AGENT
(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA