

PO8 000018033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

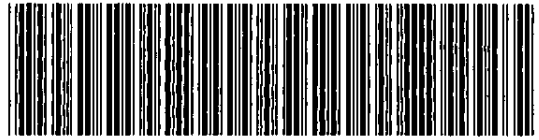
(Document Number)

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09 APR 20 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOLTS  
DEC  
11/53



**FLORIDA DEPARTMENT OF STATE  
Division of Corporations**

**April 13, 2009**

**BILL BARRETT  
SPINAL CARE, INC.  
4 NORRIEGO RD.  
DESTIN, FL 32541**

**SUBJECT: SPINAL CARE, INC.  
Ref. Number: P08000018033**

**We have received your document for SPINAL CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):**

**The document must have original signatures.**

**Photo copies are not acceptable.**

**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) 245-6964.**

**Irene Albritton  
Regulatory Specialist II**

**Letter Number: 109A00012349**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

RECEIVED  
2009 APR 20 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Dissolution of Spinal Care Inc

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Bill Barrett  
(Name of Contact Person)

Spinal Care Inc  
(Firm/Company)

4 Norriego Dr  
(Address)

Destin FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

## 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:

Spinal Care Inc.

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

THIRD: The date dissolution was authorized: 4/6/09

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)

Bill Barrett

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35