P08000026782

(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NATIONWIDE CHIROPRACTIC	CENTER, INC.
DOCUMENT NUMBER: P08000026782	
The enclosed Articles of Dissolution and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
KEVIN REISECK	
(Name of Contact Person)	
see above	
(Firm/Company)	
PO BOX 4625	
(Address)	
MIAMI LAKES, FL 33014	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
KEVIN REISECK at (305 (Area C	733-1091 ode & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Begin{array}{c} \text{S43.75 Filing For } \text{Vec.} \text{\$\text{X}\$43.75 Filing For } \text{Certified Copy} \text{(Additional copy enclosed)}	ec & Filing / ec, Certificate of Status &
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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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:		
	NATIONWIDE CHIROPRACTIC CENTER INC		
SECOND:	The document number of the corporation (if known): P08000026782		
THIRD:	The file date of the articles of incorporation: 03/12/2008		
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.		
Sign	ature: (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.)		
	KEVIN K. REISECK		
	(Typed or printed name of person signing)		
PRESIDENT			
	(Title of Person Signing)		

Filing Fee: \$35