

P08000058286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

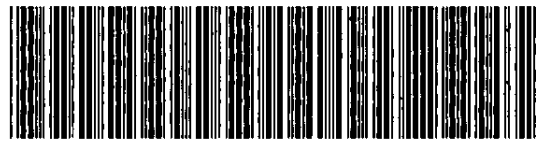
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/01/10--01023--013 **25.00

08/06/10--01015--016 **10.00

FILED
2010 AUG -5 A 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOIDS w NOTICE
Thurs
8-7-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S + E Physical Therapy, Inc

DOCUMENT NUMBER: Letter # 810A00016456

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

Please return all correspondence concerning this matter to the following:

Ellen Muller

(Name of Contact Person)

S + E Physical Therapy, Inc

(Firm/Company)

13831 Silver Lake Ct.

(Address)

Ft. Myers, FL 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen Muller

(Name of Contact Person)

at (239) 297-1724

(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

July 7, 2010

ELENITA MULLES
S & E PHYSICAL THERAPY INC
13831 SILVERLAKE CT.
FORT MYERS, FL 33912

SUBJECT: S & E PHYSICAL THERAPY INC
Ref. Number: P08000058286

We have received your document for S & E PHYSICAL THERAPY INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 810A00016456

RECEIVED
JUL 10 10:05 AM
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

J + E Physical Therapy, Inc.

SECOND: The document number of the corporation (if known): P08000058286

THIRD: The file date of the articles of incorporation: 5/22/2008

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.

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.)

Elenita Muller

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED
2010 AUG -5 A 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: S & E Physical Therapy, 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:

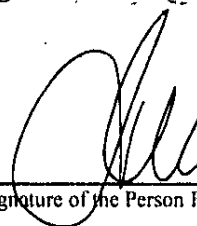
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

13831 Silverlake Ct.
FT. Myers, FL 33912

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.

Elenita Muller

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