Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000041618 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone ; (323)962-8600

: (323)962-3889 Fax Number

DISSOLUTION OR WITHDRAWAL AMERICAN COLLEGE OF FUNCTIONAL NEUROLOGY IN

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

~~	w 7344 Th.	-	DOM:	THE STATE
1 1 1	\mathbf{VER}			1 1 1 1 2
			B- - k	

V	COVERLETTER
TO: Amendment Section Division of Corporations	
	A second
SUBJECT: AMERICAN COLLEGE	OF FUNCTIONAL NEUROLOGY INC.
DOCUMENT NUMBER: P090000	01420
The enclosed Articles of Dissolution	and fee are submitted for filing.
Picase return all correspondence conc	erning this matter to the following:
_ .	
Tony Burroughs	
	Name of Person)
Legalzoom.com, Inc.	•
	ne of Firm/Company)
7083 Hollywood Blvd., Suite 180	
	(Address)
Los Angeles, CA 90028	
(Ci	y/State/and Zip Code)
For further information concerning the	is matter, please call:
	<u>:</u>
Tony Burroughs	at (323) 962-8600, x483
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following	amount:
TISAS Filling Fee TS43 75 Filling H	ee & S43.75 Filing Fee & S52.50 Filing Fee,
Certificate of S	
	(Additional copy is Certified Copy
Ę	enclosed) (Additional copy is
	eniciosed)
MAILING ADDRESS:	STREET ADDRESS:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Amendment Section	enclosed) STREET ADDRESS: Amendment Section

ARTICLES OF DISSOLUTION

	ARTICODOS OF DIDOCEOTION		
Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the foon:	llowing a	rticles
FIRST:	The name of the corporation as currently filed with the Florida Department o	of State:	
	AMERICAN COLLEGE OF FUNCTIONAL NEUROLOGY INC.		
SECOND:	The document number of the corporation (if known): P09000001420		 -
THIRD:	The date dissolution was authorized: 2/11/2010		Land Salah
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	(ile date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. Dissolution was approved by of the shareholders through voting groups. The following statement must be separately provided for each voting group a to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group)	Philled SECRETAL TALLAHAS	2010 FEB 24 A
•	Signed this 11 day of February 7010. Signature:	Y OF STATE	AH O
****	(B) 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)		
	Tricla Merlin		
	(Typed or printed name of person signing)		
	President (Tige of person signing)		
	Filing Fee: \$35	5 · A	And the second