

PD9000005795

(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



800163708458

800163708458
12/22/09--01035--018 **43.75



VD

FILED
09 DEC 22 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert DEC 12/9/2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Best Advantage Chiropractic Clinic, Inc

DOCUMENT NUMBER: PO9000005795

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

Please return all correspondence concerning this matter to the following:

Dr Edner Theodore
(Name of Contact Person)

(Firm/Company)
4670 South Orange Blossom Trail
(Address)
Orlando, FL 32839
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr Edner Theodore at (407) 851-8810
(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

12-30-09

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:

Best Advantage Chiropractic Clinic Inc

SECOND: The document number of the corporation (if known): P09000005795

THIRD: The date dissolution was authorized: 12-10-2009

Effective date of dissolution if applicable: 12-30-2009
(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)

Dr Edmon Theodore
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
09 DEC 22 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35