

909000025097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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11 FEB 14 PM 1:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 FEB 14 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Revocation of DLS
REC
2/14

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02-14-2011

NAME: RELIABLE PAIN MANAGEMENT- HOLLYWOOD, INC

TYPE OF FILING: REVOCATION OF DISSOLUTION

COST: CK FOR \$35 ATTACHED

RETURN:

ACCOUNT: ~~ECA000000015~~

AUTHORIZATION: ~~ABBIE/PAUL HODGE~~

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RELIABLE PAIN MANAGEMENT - HOLLYWOOD, INC.

DOCUMENT NUMBER: P09000025097

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

Please return all correspondence concerning this matter to the following:

KIMBERLY DAWSON

Name of Contact Person

RELIABLE PAIN MANAGEMENT - HOLLYWOOD, INC.

Firm/Company

6495 TAFT STREET

Address

HOLLYWOOD, FLORIDA 33024

City/State and Zip Code

KIMMYDAWSON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY DAWSON

Name of Contact Person

at (**954**) **931-7344**

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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is RELIABLE PAIN MANAGEMENT-
HOLLYWOOD, INC.

SECOND: The document number of the corporation (if known) is P09000025097

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is FEBRUARY 1, 2011 *January 21, 2011*

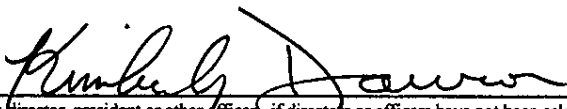
FOURTH: The Revocation of Dissolution was authorized on FEBRUARY 1, 2011

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
☐ The incorporators revoked the dissolution.
☒ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

KIMBERLY DAWSON

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILED
11 FEB 14 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$35

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:

Reliable Pain Management - Hollywood, Inc.

SECOND: The document number of the corporation (if known): P09000025097

THIRD: The date dissolution was authorized: 1/10/2011

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)

Robert E. Windsor

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 21 PM 3:55

FILED

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: Reliable Pain Management - Hollywood, 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)

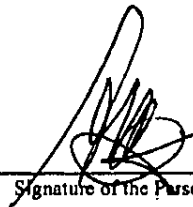
6495 Taft Street

Hollywood, FL 33024 US

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.

Robert E. Windsor

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