

P09000039551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status

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FILED  
12 DEC 28 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 31 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2012

DR BARRY A. GOLDBERG  
PALM BEACH REHABILITATION CENTER, INC.  
444 WEST BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435

SUBJECT: PALM BEACH REHAB CENTER, INC.  
Ref. Number: P09000039551

We have received your document for PALM BEACH REHAB CENTER, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 112A00030127

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PALM BEACH REHAB CENTER, INC.

**DOCUMENT NUMBER:** ?

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

Please return all correspondence concerning this matter to the following:

MR. LENEEL THEUS

(Name of Contact Person)

2208 WIDENER TERRACE

(Firm/Company)

WELLINGTON

(Address)

FLA 33414 - 6427

(City/State and Zip Code)

For further information concerning this matter, please call:

LENEEL THEUS

(Name of Contact Person)

at (954) 298-4357

(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 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:

PALM BEACH REHAB Center Inc.

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

THIRD: The date dissolution was authorized: 12/26/12

Effective date of dissolution if applicable: 12/26/12  
(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

OWNER BARRY A. GOLDBERG  
(voting group)

Signature:

Barry A. Goldberg

(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)

BARRY A. GOLDBERG  
(Typed or printed name of person signing)

OWNER / P  
(Title of person signing)

Filing Fee: \$35

FILED  
12 DEC 28 PM 12:11  
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: PALM BEACH REHAB Center, 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)

MR. LENEL THEUS  
2208 WIDENER TERRACE  
WELLINGTON, FL 33414-6427  
954-298-4357

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.

BARRY A. GOLDBERG  
Printed Name of the Person Filing

Barry A. Goldberg  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00