

PD9000058952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

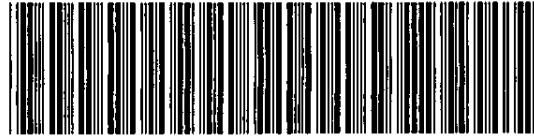
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000221676960

02/14/12--01007--012 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 14 PM 2:52

Art DKS
@ 2/14/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellness Pain + Rehab Inc

DOCUMENT NUMBER: P09000058952

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

Please return all correspondence concerning this matter to the following:

Arthur Vito
(Name of Contact Person)

Wellness Pain + Rehab Inc
(Firm/Company)

117 E 77th St #5B
(Address)

New York, New York 10075
(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur Vito at (407) 247-7871
(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

↑
overnight

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:

Wellness Pain & Rehab, Inc

SECOND: The document number of the corporation (if known): P09000058952

THIRD: The date dissolution was authorized: 12-31-11

Effective date of dissolution if applicable: 12-31-11
(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: X

(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)

Arthur Vito

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 FEB 14 PM 2:52