

P090000064878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 AUG 24 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C.COULLIETTE

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Workplace Injury Prevention Services Inc.

DOCUMENT NUMBER: P09000064878

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

Please return all correspondence concerning this matter to the following:

Charlene Vespi

(Name of Contact Person)

Workplace Injury Prevention Services Inc.

(Firm/Company)

34838 arbor green pl.

(Address)

ZEPHYRHILLS FL, 33541

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlene Vespi

(Name of Contact Person)

at (813) 927-5347

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2010

CHARLENE VESPI
WORKPLACE INJURY PREVENTION SERVICES, INC
34838 ARBOR GREEN PL
ZEPHYRHILLS, FL 33541

SUBJECT: WORKPLACE INJURY PREVENTION SERVICES, INC.
Ref. Number: P09000064878

We have received your document for WORKPLACE INJURY PREVENTION SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 010A00019692

RECEIVED
2010 AUG 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

WORKPLACE INJURY PREVENTION SERVICES, INC.

SECOND: The document number of the corporation (if known): P09000064878

THIRD: The date dissolution was authorized: 8-10-10

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)

MARK H SITTERLY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
10 AUG 24 AM 10:54
SECRETARY OF STATE
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: WORKPLACE INJURY PREVENTION SERVICES, 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)

34838 ARBOR GREEN PL.
ZEPHYRHILLS FL 33541 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.

Charlene D. Vespi
Printed Name of the Person Filing

Charlene D. Vespi
Signature of the Person Filing

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