P09000072496

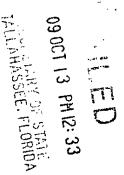
(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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VO / dis News 10-13-09

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: I Deal Chirapractic Re-HATS CORP		
DOCUMENT NUMBER: <u>P0900072494</u>		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Fritz Richaroson (Name of Contact Person)		
I Deal Chiropractic Re-HAB CORD (Firm/Company)		
1530 NE 140 Street (Address)		
North Miami (City/State and Zip Code)		
For further information concerning this matter, please call:		
The Richardson at (305) 342 1832 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, \$\bigcom \text{Certified Copy} & \text{(Additional copy is enclosed)}		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2009

FRITZ RICHARDSON IDEAL CHIROPRACTIC RE-HAB CORP 1530 NE 140 STREET NORTH MIAMI, FL

SUBJECT: IDEAL CHIROPRACTIC RE-HAB CORP

Ref. Number: P09000072496

We have received your document for IDEAL CHIROPRACTIC RE-HAB CORP 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 wrong form was submitted.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number; 009A00029101



ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:		
	I Deal Chiropractic Re-HAB CORP		
SECOND:	The document number of the corporation (if known): P090000 72496		
THIRD:	The file date of the articles of incorporation: $\frac{7/31/59}{}$		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
A majority of the directors authorized the dissolution.			
Sign	ature: Fritz Richardson		
	(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.)		
	FR:1-2 RICHAROSON (Typed or printed name of person signing)		
	President (Title of Person Signing)		
	(Title of Person Signing)		

Filing Fee: \$35