P09000078952

(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:
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William Show

COVER LETTER

Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: P09000078952	2
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
CLAUDE B. ROMULUS	
(Name of Conta	,
CLAUDE B. ROMULUS, MD, MPH,	
(Firm/Cor	npany)
(Addres	s)
MIRAMAR, FL 33023	
(City/State and	l Zip Code)
For further information concerning this matter, p	lease call:
	at (_954) 534-9981
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Ac	3.75 Filing Fee & S52.50 Filing Fee, rtified Copy Certificate of Status & Certified Copy closed) (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 607.1401, 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:	
	THERAPEUTIC HEALTH CENTER II, INC	
SECOND:	The document number of the corporation (if known): P09000078952	
THIRD:	The file date of the articles of incorporation: 09/21/2009	
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.	
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.)		
DR. CLAUDE B. ROMULUS		
(Typed or printed name of person signing)		
	PRESIDENT	
	(Title of Person Signing)	

Filing Fee: \$35