

P09000082295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

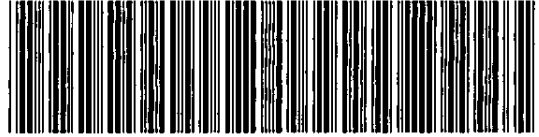
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700168439747

02/24/10--01032--004 \*\*35.00

10 FEB 24 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

11-8  
2/26/10  
12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** I Never did any Business in this  
Address or any other Address with  
**DOCUMENT NUMBER:** this company (Conway Health and  
Rehab center INC)

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

Please return all correspondence concerning this matter to the following:

Rafael E UREÑA  
(Name of Contact Person)  
Conway Health and Rehab center  
CONWAY Health and Rehab center INC.  
(Firm/Company)  
1026 W. Michigan St  
(Address)  
Orlando, FL 32805.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Rafael E Ureña (305) 975-5653  
(Name of Contact Person) at (917) 776-6593  
(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 607.1401, 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:

CONWAY Health And Rehab Center, INC

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

P 09000082295

THIRD: The file date of the articles of incorporation:

October 05 / 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.

☐ A majority of the directors 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.)

Rafael E URENA D.C.

(Typed or printed name of person signing)

Chiropractor / Doctor / Owner.

(Title of Person Signing)

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Filing Fee: \$35