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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Articles of	Dissolution			
DOCUMENT NUMBER: PO90	00082704			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:			
Pasneom T	2 curt			
(Name of Contact Person)				
	Therapy (aroup, Inc., In			
2901 W.Busch	Blud Suite 103 Idress)			
Tampa FL 3	3612			
(City/Star	te and Zip Code)			
For further information concerning this mat	ter, please call:			
(Name of Contact Person)	at (813) UU3-U705 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount	nt:			
\$35 Filing Fee \$\square\$	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
1 41141143300, 1 L J2J 1 T	2001 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:		
	The Gardens Therapy Group, Inc.		
SECOND:	The document number of the corporation (if known): PCACOOS	P)C	
THIRD:	The file date of the articles of incorporation: 10 00		
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:		<u></u>	ZSE
	A majority of the incorporators authorized the dissolution.) APR	CRETE
	A majority of the directors authorized the dissolution.	O APR 30 PM 4:	SSEE.
		4: 1:	LORID
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	· if	`` ` ''
	(Typed or printed name of person signing)		
	(Title of Person Signing)		

Filing Fee: \$35