P100000002814

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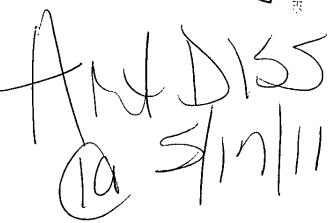


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DIVISION OF CORPORATIONS



COVER LETTER

Division of Corporations			
2, is on the permitted			
SUBJECT: DISSOLUTION OF C	ORPORATION		
		and the second s	
DOCUMENT NUMBER: P1000000	2814		
The enclosed Articles of Dissolution and	fee are submitted for filir	ıg.	
Please return all correspondence concerning			
Trease require an correspondence concerns	ig and matter to the former	ving.	
GERARDO SARDINAS			
(Name of	Contact Person)		
CHIROPRACTIC & THERAPY	SERVICES CORP) <u>.</u>	
(Fir	m/Company)		
3540 FOREST HILL # 203			
(A	ddress)		
WEST PALM BEACH, FLORID	A 33406		
(City/Sta	nte and Zip Code)	•	
For further information concerning this ma	tter, please call:		
GERARDO SARDINAS	at (_561) _6	281133	
(Name of Contact Person)		Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	•	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF DISSOLUTION

Pursuant to of dissolut	o section 607.1403, Florida Statutes, this Florida profit corporation submits the follows:	owing articles		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	CHIROPRACTIC & THERAPY SERVICES, CORP.			
SECOND:	The document number of the corporation (if known): P1000002814			
THIRD:	The date dissolution was authorized: 04/22/2011			
	Effective date of dissolution if applicable: 04/22/2011 (no more than 90 days after dissolution file)	le date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)	SECRETARY DIVISION OF C		
		F C		
	Signature: (By a director, president or other officer of directors or officers have not been selected, by	CORPORATIONS O AMIO: 17		
	an incorporator - if in the hands of a raceiver, trustee, or other court appointed fiduciary, by that fiduciary)	ار،		
	MARIA CAROLINA RIVAS, D.C.			
	(Typed or printed name of person signing)			
	DIRECTOR			
	(Title of person signing)			

Filing Fee: \$35