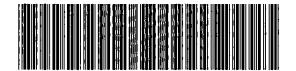
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER: P10000013101	
The enclosed Articles of Dissolution and fee are sul	bmitted for filing.
Please return all correspondence concerning this man	tter to the following:
LYSANDER THORPE	
(Name of Contact F	Person)
THORPE'S CONSULTING SYSTEMS	
(Firm/Compa	ny)
6327 PINEY GLEN LANE	
(Address)	
ORLANDO, FL 32819	,
(City/State and Zi	p Code)
For further information concerning this matter, pleas	ee call:
	407 352-8514
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
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: ORLANDO THERAPEUTIC CENTER, INC SECOND SE The document number of the corporation (if known): P10000013101 SECOND: The file date of the articles of incorporation: 02/12/2010 THIRD: 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.) PIERRE PHILLIP, NICOULY P (Typed or printed name of person signing) PRESIDENT (Title of Person Signing)

Filing Fee: \$35