P1100007a403

(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	· · · · · · · · · · · · · · · · · · ·
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	o Filing Officer:	
علمج معدد	Office Use Only	



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09/08/14--01021--002 **35.00

SECRETARY OF STATE VALLAHASSEE, FLORIDA

APPROVED



, COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER: P1100007240	03
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Moulton Keane	
(Name of Contact Pe	erson)
(Firm/Compan	w)
7580 NW 5th St #15572	<i>)</i>
(Address)	
Plantation / FL / 33318	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
at (_	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	nal copy is 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: Deerfield Back Pain Rehab Corp	
SECOND:	The document number of the corporation (if known): P11000072403	
THIRD:	The file date of the articles of incorporation: 08/12/2011	
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. SECRETAR FILAMASS	*
Sign	ature: (By a director, president of other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	17.40.
	Moulton Keane	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35