Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000047607 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

## DISSOLUTION OR WITHDRAWAL AMC PAIN MANAGEMENT & REHABILITATION INC.

	i
Certificate of Status	9
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

# 75 Electronic Filing Menu
Electronic Filing Menu

Corporate Filing Menu

Help

## H150000476 07.

## ARTICLES OF DISSOLUTION

Pursuant to sof dissolution	ection 607.1403, Florida Statutes, this Florida profit corporation submits the following articles n:
first;	The name of the corporation as currently filed with the Florida Department of State:  AMC PAIN MANAGEMENT & REHABILITATION IN
SECOND:	The document number of the corporation (if known): P//000088720
THIRD:	The date dissolution was authorized: 2-24-15
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
٠.	(voting group)
	15 FEB
	Signature (By a director, Desident 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)
	ALAIN OSORIO
	(Typed or printed name of person signing)
1	(Title of person signing)

Filing Fee: S35

H15000047607