

P1100000096133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

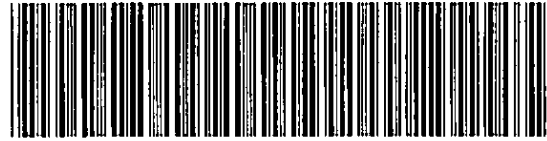
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800361644838

03/11/21--01008--009 **35.00

FILED
2021 MAR 11 PM 5:41
HALL COUNTY CLERK
HALL COUNTY, FL

Amr Diss
w/notice

MAY 10 2021
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution _____

DOCUMENT NUMBER: P11000096133 _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary A Graves

(Name of Contact Person)

MG Physical Therapy, Inc.

(Firm/Company)

314 Calle Liana

(Address)

Englewood, FL 34224

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary A Graves, PT

(Name of Contact Person)

at (941) 544-1456

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:
MG PHYSICAL THERAPY, INC.
- SECOND: The document number of the corporation (if known): P11000096133
- THIRD: The file date of the articles of incorporation: NOVEMBER 03, 2011
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: Mary A. Graves
(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.)

MARY A GRAVES

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
2021 MAR 11 PM 5:41
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: MG PHYSICAL THERAPY, INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

DATE FILING COMPLETED BY STATE OF FLORIDA or 03/07/2021
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

RETIRED BUSINESS CLOSED

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

MARY A GRAVES

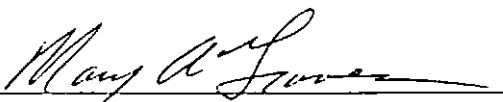
314 CALLE LIANA

ENGLEWOOD, FL 34224

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MARY A GRAVES

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00