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TALLAHASSEE, FLORDA

S. HAWKES

SEP - 2012

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT: USA CHIROPRACTIC & REF	ABILITATIVE CENTER, INC.
DOCUMENT NUMBER: P11000102337	
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Bernard Despinosse	
(Name of Contact Po	erson)
USA CHIROPRACTIC & REHABILITAT	TIVE CENTER, INC.
(Firm/Compan	у)
7118 Southgate BIVD	
(Address)	
Margate, FL 33063	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
	754 234-0408
(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:		
	USA CHIROPRACTIC & REHABILITATIVE CENTER, INC	٥.	
SECOND:	The document number of the corporation (if known): P11000102337		
THIRD:	The file date of the articles of incorporation: 11/30/2011	1.0	
FOURTH:	(CHECK AT LEAST ONE BOX)	12 NG	
	None of the corporation's shares have been issued.	SSET	
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.	智力	
SIXTH:	The net assets of the corporation remaining after winding up have been distribut o the shareholders, if shares were issued.	teđ	
SEVENTH	: Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	✓ A majority of the directors authorized the dissolution.		
Sign	nature: By a director, president or other officer - if directors or officers have not been selected, by an incor	porator - if	
	in the hands of a regeiver, trustee, or other court appointed fiduciary, by that fiduciary.)	, , , , , , , , , , , , , , , , , , ,	
	Bernard Despinosse		
	(Typed or printed name of person signing)		
	PCEO (Title of Berron Stening)		

Filing Fee: \$35