

P12000021674

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DIVISION OF CORPORATIONS  
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C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF THE NEUROMUSCULAR THERAPY ASSOCIATES, INC.

**DOCUMENT NUMBER:** P12000021674

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

Please return all correspondence concerning this matter to the following:

KAREL CURRAS

(Name of Contact Person)

NEUROMUSCULAR THERAPY ASSOCIATES, INC.

(Firm/Company)

7000 SW 62 AVENUE, SUITE PH-K, MIAMI.

(Address)

SOUTH MIAMI, FLORIDA 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREL CURRAS

(Name of Contact Person)

at ( 786 ) 384-3224

(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  
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:

THE NEUROMUSCULAR THERAPY ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): P12000021674

THIRD: The file date of the articles of incorporation: 03-05-2012

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.)

KAREL CURRAS

(Typed or printed name of person signing)

OWNER

(Title of Person Signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 20 PM 2:23

**Filing Fee: \$35**