

P120000071527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

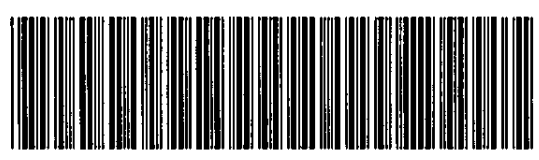
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Send To: 637 Pelham
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32092

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY -7 PM 3:59

Ant Diss/CC
@ 5.17.15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of St. Johns Family Chiropractic, Inc.

DOCUMENT NUMBER: P1200071527

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

Please return all correspondence concerning this matter to the following:

Melinda Tolitsky

(Name of Contact Person)

St. Johns Family Chiropractic, Inc.

(Firm/Company)

309 Kingsley Lake Drive, Suite 904

(Address)

St Augustine, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

Melinda Tolitsky

(Name of Contact Person)

at (602) 999-9319

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2015

MELINDA TOLITSKY 2ND MAILING
ST. JOHNS FAMILY CHIROPRACTIC INC.
2220 COUNTRY ROAD 210 W - STE 108 PMB208
JACKSONVILLE, FL 32259-4060

SUBJECT: ST. JOHNS FAMILY CHIROPRACTIC INC.
Ref. Number: P12000071527

We have received your document for ST. JOHNS FAMILY CHIROPRACTIC INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only 1(one) box regarding the adoption of the dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 515A00005351

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:

St Johns Family Chiropractic, Inc.

SECOND: The document number of the corporation (if known): P12000071527

THIRD: The file date of the articles of incorporation: 08/2/2012

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.)

Melinda Tolitsky

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35

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DIVISION OF CORPORATIONS
2015 MAY - 7 PM 3:59