

P12000089960

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL 32304

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07/18/13

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERVENTIONAL PAIN INSTITUTE OF WEST
FLORIDA, INC

DOCUMENT NUMBER: 12000089960

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

Please return all correspondence concerning this matter to the following:

CHRISTINE HASHIM
(Name of Contact Person)

(Firm/Company)

4433 HARBOUR ONTE DR
(Address)

PORT RICHEY FL 34668
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE HASHIM at 727 5348325
(Name of Contact Person) (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:

INTERVENTIONAL PAIN INSTITUTE OF WEST FLORIDA, INC

SECOND: The document number of the corporation (if known): P12 0000 89 960

THIRD: The file date of the articles of incorporation: 10/25/12

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.)

CHRISTINE HASHIM

(Typed or printed name of person signing)

VP

(Title of Person Signing)

FILED
13 JUL 18 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35