Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002801313)))



H130002801313ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850) 617-6380

From:

Account Name

LAZARUS CORPORATE FILING SERVICE, INC.

Account Number

120000000019

Phone

(305) 552-5973

Fax Number

(305)220-1440

DISSOLUTION OR WITHDRAWAL ELITE THERAPY CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

S DEC 33 DM II. 1

MECEIVED 30EC23 AM 8: 2

ONVISION OF CORPORATION OF CORPORATI

Electronic Filing Menu

Corporate Filing Menu

Help

H13000280131

ARTICLES OF DISSOLUTION

)		**		
	ent to s solution	ection 607.1403, Florida Statutes, this Florida profit corporation submits the follon:	wing article	8
FIR	st:	The name of the corporation as currently filed with the Florida Department of S	State:	
		Elite Therapy Center Inc	*	
SEC	OND:	The document number of the corporation (if known): P130000720	105	
тни	RD:	The date dissolution was authorized: 12-20-13	· ·	
		Effective date of dissolution if applicable: (no more than 90 days after dissolution file)	ie date)	
FOU	RTH:	Adoption of Dissolution (CHECK ONE)		
		Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution	п
•		Dissolution was approved by the shareholders through voting groups.		
		The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	titled	ئىد دىن
,		The number of votes cast for dissolution was sufficient for approval by	13 DEC	の発見を行う
		(voting group)	23	
		(voting group)	+: H	79.0 13.0
	, 	Signature:	1:47	<u> </u>
		(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 repointed fiduciary, by that fiduciary)		
		Osvaldo Bracia - Diaz		
		(Typed or printed name of person signing)		
		President	•	
		(Title of person signing)		

Filing Fee: \$35

H13000280131