

P130000 84764

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY -5 P 3:58

FILED  
T. LEMIEUX

MAY 14 2015

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P13000084764

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

Please return all correspondence concerning this matter to the following:

Patricia Santini  
(Name of Contact Person)

A & D Therapy Center, Inc.  
(Firm/Company)

1840 W. 49 St. Ste 503  
(Address)

Hiialeah, FL 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Santini at (305) 826-6447  
(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 607.1403, 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:

A & D Therapy Center, Inc.

SECOND: The document number of the corporation (if known): P13000084764

THIRD: The date dissolution was authorized: 5/1/2014

Effective date of dissolution if applicable: 5/1/2014  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☒ Dissolution was approved by the shareholders through voting groups.

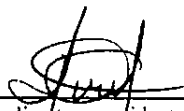
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

Owner & President  
(voting group)

2014 MAY -5 P 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

Patricia M. Santini

(Typed or printed name of person signing)

Owner, President

(Title of person signing)

Filing Fee: \$35