

**FILED
Apr 25, 2017
Secretary of State**

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
PALM BEACH FAMILY CHIROPRACTIC, P. A.

SECOND: The document number of the corporation: P16000091926

THIRD: The date dissolution was authorized: April 25, 2017
Effective date of dissolution: April 25, 2017

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

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DR. MICHAEL J COHEN PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

PALM BEACH FAMILY CHIROPRACTIC, P. A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE BUSINESS NEVER OPENED IN PALM BEACH GARDENS, FLORIDA

Mailing address where claims can be sent:

1848 NORTH NOB HILL ROAD
1848 NORTH NOB HILL ROAD
PLANTATION, FL 33322 UN

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DR. MICHAEL J COHEN

Electronic Signature of the Person Filing