P180005336/

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	()
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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Special Instructions to Filing Officer:	
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Incorporating Services, Ltd.

1540 Glenway Drive Taliahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 12/28/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1108248

ORDER ENTITY

MANHATTAN PAIN MANAGEMENT AND REHABILITATION P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:

MANHATTAN PAIN MANAGEMENT AND REHABILITATION P.A. (FL)

File the attached dissolution document

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF DISSOLUTION

2022 DEC 28 AH 11: 37 state the forest state of the state

Pursuant to section 607.1401. Florida Statutes, this Florida profit corporation subm articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Manhattan Pain Management and Rehabilitation P.A. The document number of the corporation (if known): ' SECOND: The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: 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. SEVENTIL: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. (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,)

President

(Typed or printed name of person signing)

(Title of Person Signing)

Filing Fee: \$35