

PA20000000753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

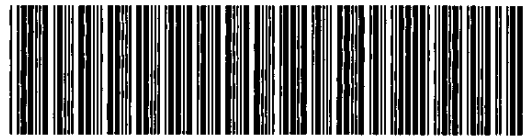
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Gave OK to  
add date of  
adoption.

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SECRETARY OF STATE  
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# Rudolf & Hoffman P.A.

ATTORNEYS AT LAW

**Gary L. Rudolf**  
**Douglas F. Hoffman**

615 Northeast Third Avenue  
Fort Lauderdale, Florida 33304  
(954) 462-2270 telephone  
(954) 462-2274 facsimile  
[www.estateandtrust.net](http://www.estateandtrust.net)

**GARY L. RUDOLF**  
*Board Certified - Wills, Trusts & Estates*

September 14, 2006

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Pine Plaza Chiropractic Center, Inc.

To Whom It May Concern:

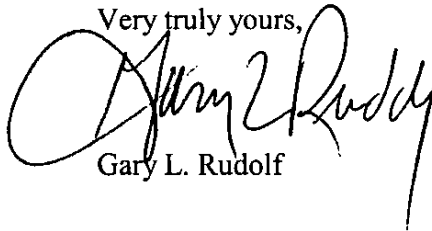
Enclosed please find an original and one copy of the Articles of Dissolution of Pine Plaza Chiropractic Center, Inc., a Florida Corporation. Also enclosed please find a check in the amount of \$43.75 to cover the following fees:

Filing Fee	\$35.00
Certificate of Dissolution	\$ 8.75

If the enclosed document meets with your approval, please file it with your Office and return the Certificate of Status to the attention of the undersigned.

If you have any questions regarding the enclosed document, please do not hesitate to contact the undersigned.

Very truly yours,



Gary L. Rudolf

dar  
Encls.  
cc: Mr. Michael Pollack

## 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:

Pine Plaza Chiropractic Center, Inc.

SECOND: The document number of the corporation (if known): P92000000753

THIRD: The date dissolution was authorized: 9-13-06

Effective date of dissolution if applicable: \_\_\_\_\_  
(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

\_\_\_\_\_  
(voting group)

Signature: Michael Pollock

(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)

Michael Pollock

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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