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KELLENBERGER BACK & NECK CENTER

6371 Presidential Ct. Suite 2 Ft. Myers, FL 33919 000002934720--01 -07/19/99--01080--010 ******35.00_******35.00_

City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait L Photocopy Certificate of Status

NEW FILINGS
Profit
 NonProfit
Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
 Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
 Other

Wold:5

V. SHEPARD JUL 231999

ARTICLES OF DISSOLUTION

FILED 99 JUL 19 AM11: 42

SECRETARY OF STATE
Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: John H Kellenberger St. P.A.
63	21 Presidential et, Ft, Myer FC 33910
SECOND:	The date dissolution was authorized: July 4, 1999
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	olution was approved by vote of the shareholders through voting groups.
Ti er	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
Signe	d this
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	Tohn H Kellenberger 57, PM (Typed or printed name)
	Fresident (Title)
•	Kellenberger Family Chiropractic Center email:Lowback1@aol.com

website: www.ftmyerschiropractic.com 6371 Presidential Ct., Ft. Myers, FL 33919 Tel. 941-489-4100; Fax 489-1314