

P93000010949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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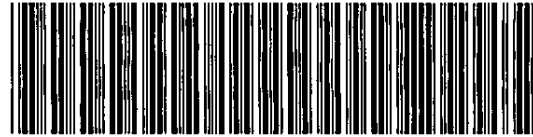
(Business Entity Name)

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ESTIMATED DATE  
12-31-13

*Jess*

12/02/13--01036--021 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC -2 PM 4:17

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*DR*  
*12/11/13*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTHCOAST PSYCHOTHERAPY & EDUCATION ASSOCIATES, INC.

**DOCUMENT NUMBER:** P93000010949

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

Please return all correspondence concerning this matter to the following:

GEORGE D. BALSAMA, Ph.D.

(Name of Contact Person)

Southcoast Psychotherapy & Education Associates, Inc.

(Firm/Company)

5301 N. Federal Highway, Ste. 270

(Address)

Boca Raton, FL 33487-4910

(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE D. BALSAMA, Ph.D.

(Name of Contact Person)

at ( 561 ) 241-6628

(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

62-31-13

FILED

mits the following articles

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Department of State:

SOUTHCOST PSYCHOTHERAPY & EDUCATION ASSOCIATES, INC.

P93000010949

November 1, 2013

December 31, 2013

(no more than 90 days after dissolution file date)

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: Cory D. Kalsam

(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)

GEORGE D. BALSAMA, President

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**