

P93000036322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

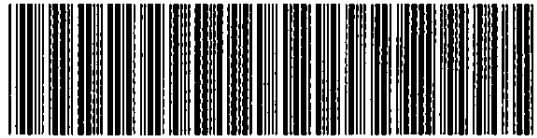
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 MAY 20 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voldis.

B. CONNELL MAY 25 2010

**WILLIAM E. MCCOMB
2828 S. TAMIAMI TRAIL
SARASOTA, FL 34239
PHONE: (941) 957-0200
FAX: (941) 953-7883**

May 17, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Sports Therapy Care Center, Inc.
Document No. P93000036322**

Dear Sir or Madam:

Enclosed please find the Articles for Dissolution of the above-referenced Florida profit corp. Also enclosed is check no.3357 in the amount of \$43.75 for filing fee and certificate of status. Please return the certificate of status to the above address.

Please contact me at the above number should you have any questions or require any additional information. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "William McComb/gr". The signature is written in dark ink and is positioned below the word "Sincerely,".

William E. McComb

WM/gr
Encls.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sports Therapy Care Center, Inc.

DOCUMENT NUMBER: P93000036322

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

Please return all correspondence concerning this matter to the following:

William E. McComb

(Name of Contact Person)

DR RX Weight Loss, LLC

(Firm/Company)

2828 S. Tamiami Trail

(Address)

Sarasota, FL 34239

(City/State and Zip Code)

For further information concerning this matter, please call:

William McComb

(Name of Contact Person)

at (941) 957-9200

(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

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:

Sports Therapy Care Center, Inc.

SECOND: The document number of the corporation (if known): P93000036322

THIRD: The date dissolution was authorized: 12-31-09

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: _____

(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)

William E. McComb

(Typed or printed name of person signing)

PRES.

(Title of person signing)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35