

7940000 73832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

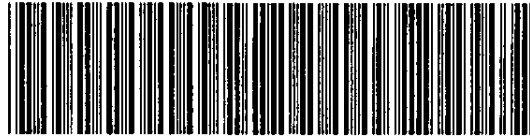
(Business Entity Name)

(Document Number)

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02/27/15--01008--012 \*\*35.00

MAR 02 2015

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Working Therapist Inc

**DOCUMENT NUMBER:** P94000073832

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

Please return all correspondence concerning this matter to the following:

**C. Cecile Fountain**

(Name of Contact Person)

**The Working Therapist Inc**

(Firm/Company)

**9750 Atlantic Drive**

(Address)

**Miramar, FL 33025**

(City/State and Zip Code)

For further information concerning this matter, please call:

**C. Cecile Fountain**

(Name of Contact Person)

at ( **954** ) **436-9338**

(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:

The Working Therapist Inc.

SECOND: The document number of the corporation (if known): P94000073832

THIRD: The date dissolution was authorized: 01/24/2015

Effective date of dissolution if applicable: 2/05/15  
(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: C. Cecile Fountain Vice President

(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)

C. Cecile Fountain

(Typed or printed name of person signing)

VP

(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: The Working Therapist

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Medical Consulting

Medical Documentation for Rehabilitation

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)


9750 Atlantic Drive

Miramar, FL 33025

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

C.Cecile Fountain VP

Printed Name of the Person Filing

 Vice President

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00