

P915000053883

Law Office of Kelly Lee  
Requestor's Name

501 Goodlette Rd., N, # D100  
Address

Naples, FL 34102  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
97 AUG-6 AM 8:07  
SERIES OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-08/08/97--01137--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RECEIVED  
97 MAY -1 AM 7:38  
DIVISION OF CORPORATIONS

Voldis

VS AUG 8 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State



May 12, 1997

KELLY LEE  
501 GOODLETTE RD., N., #D100  
NAPLES, FL 34102

SUBJECT: THERAPEIA CLINIC, INC.  
Ref. Number: P95000053883

We have received your document for THERAPEIA CLINIC, INC.. However, the document has not been filed and is being returned for the following:

The fee to file articles of dissolution or a certificate of withdrawal is \$35. For each certified copy requested, please add an additional \$52.50.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 697A00025197

RECEIVED  
57 JUN -6 11:00  
DIVISION OF CORPORATIONS

ARTICLE OF DISSOLUTION FOR Therapeia Clinic, Inc.

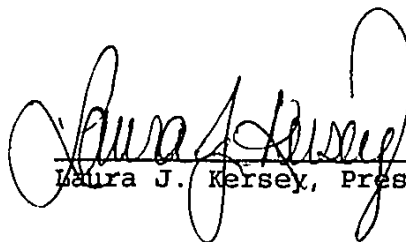
FILED

97 AUG -6 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of the corporation is Therapeia Clinic, Inc.
2. The officers of the corporation are:  
Laura J. Kersey
3. The corporation is managed by the shareholders of the corporation instead of a Board of Directors.
4. All debts, obligations, and liabilities of the corporation have been paid or discharged.
5. All the remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interest and no property remains for distribution to the shareholders.
6. There are no actions pending against the corporation in any Court.
7. Attached hereto and made a part hereof is a written consent of all shareholders to dissolve the corporation.

IN WITNESS WHEREOF, the undersigned has made and subscribed the foregoing Article of Dissolution on this 29 day of April, 1997, in Naples, Florida.



Laura J. Kersey, President

RECEIVED  
STATE OF FLORIDA  
COUNTY OF COLLIER  
AUG -6 AM 8:00  
DIVISION OF CORPORATIONS

I HEREBY CERTIFY that on this day, before an officer duly authorized to administer oaths and take acknowledgments, personally appeared LAURA J. KERSEY, known to me to be the person described in

and who executed the foregoing instrument, who acknowledged before me that she executed the same, and that an oath was taken.

WITNESS my hand and official seal, this 29 day of April, 1997.

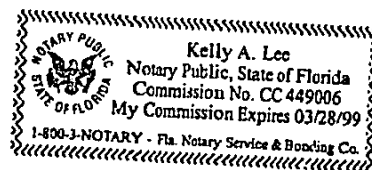
Kelly A. Lee  
Notary Signature

Printed Name

Kelly A Lee

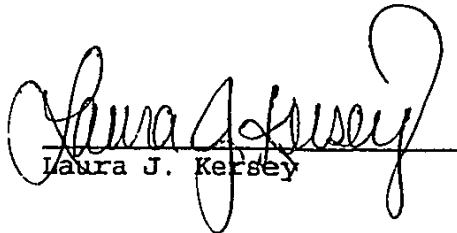
Seal:

Commission No. CC 449006



VOLUNTARY DISSOLUTION BY CONSENT  
OF SHAREHOLDERS

LAURA KERSEY, the owner of all the issued and outstanding  
Stock of Therapeia Clinic, Inc., consents to the voluntary  
dissolution of Therapeia Clinic, Inc.

  
Laura J. Kersey

STATE OF FLORIDA

COUNTY OF COLLIER

I HEREBY CERTIFY that on this day, before an officer duly  
authorized to administer oaths and take acknowledgments, personally  
appeared LAURA J. KERSEY, known to me to be the person described in  
and who executed the foregoing instrument, who acknowledged before  
me that she executed the same, and that an oath was taken.

WITNESS my hand and official seal, this 29<sup>th</sup> day of April,  
1997.

  
Notary Signature

Printed Name

Kelly A. Lee

Seal:

Commission No. CC449006

