

P95000095683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EFFECTIVE DATE

01-31-05

ALLAHASSEE, FLORIDA
STATE

05 JAN 25 PM 3:11

FILED

of vol.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLOOMFIELD & BLOOMFIELD PAIN CONTROL CLINIC, INC

DOCUMENT NUMBER: P95000095683(5)

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

Please return all correspondence concerning this matter to the following:

GLORIA BLOOMFIELD
(Name of Person)

BLOOMFIELD & BLOOMFIELD PAIN CONTROL CLINIC, INC,
(Name of Firm/Company)

P.O. Box 3729
(Address)

LAKE CITY, FL 32056-3729
(City/State/and Zip Code)

EFFECTIVE DATE
01-31-05

For further information concerning this matter, please call:

GLORIA BLOOMFIELD at (386) 755-4600
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:
Bloomfield & Bloomfield Pain Control Clinic, Inc.

SECOND: The document number of the corporation (if known): P95000095683(5)

THIRD: The date dissolution was authorized: 1-5-2005

Effective date of dissolution if applicable: 1-31-2005
(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 of 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

EFFECTIVE DATE
01/31-05

(voting group)
Signed this 20th day of January, 2005.

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)

GLORIA BLOOMFIELD

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35