

P96000001104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800198364798

03/21/11--01044--023 \*\*35.00

EFFECTIVE DATE

4-30-11

FILED  
2011 APR 13 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss.

TBrown 4-14-11

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

Dissolution - Out of business

DOCUMENT NUMBER:

P96000001104

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

Please return all correspondence concerning this matter to the following:

Dr. Fred Russo

(Name of Contact Person)

Tallahassee Chiropractic Sports Medicine & Rehab Center P.A.

(Firm/Company)

230 John Knox Rd, Ste 3

(Address)

Tallahassee, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Baurley

(Name of Contact Person)

at (850) 914-0054

(Area Code &amp; 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  
Court Building  
201 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2011

DR. FRED RUSSO  
230 JOHN KNOX RD STE 3  
TALLAHASSEE, FL 32303

SUBJECT: TALLAHASSEE CHIROPRACTIC SPORTS MEDICINE & REHAB  
CENTER, P.A.  
Ref. Number: P96000001104

We have received your document for TALLAHASSEE CHIROPRACTIC SPORTS MEDICINE & REHAB CENTER, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 011A00006981

## 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:  
Tallahassee Chiropractic Sports Medicine & Rehab Center, P.A.

SECOND: The document number of the corporation (if known): P 96000001104

THIRD: The date dissolution was authorized: 2/28/11  
Effective date of dissolution if applicable: 4/30/11  
(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.

EFFECTIVE DATE

4-30-11

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: X Dr. Fred Russo cesp

(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)

Dr. Fred Russo

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 13 AM 10:20

FILED