

P960000003191



Requestor's Name

**FOREST HILL CHIROPRACTIC CENTER**

4332 FOREST HILL BLVD. • WEST PALM BEACH, FL 33406

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 SEP -2 AM 9:38  
SECRETARY 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

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-09/02/97--01077--012  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

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

Dis  
9-7-97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 25, 1997

BARRY M. WARREN  
FOREST HILL CHIROPRACTIC CENTER  
4332 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406

Tel # 561 965 2500

SUBJECT: L.K.L. DIAGNOSTICS, INC.  
Ref. Number: P96000003191

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

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 this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 897A00042764



## FOREST HILL CHIROPRACTIC CENTER

Dr. Barry M. Warren

Ms. Sandra B. Mortham  
Sec. of State  
Florida Department of State  
Divisions Of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

August 19, 1997

Please be advised that LKL Diagnostics, Inc. has been formally dissolved as a corporation and business entity. It no longer has any business to perform; as of July 31, 1997 has ceased all activity and services.

Enclosed please find copies of the Articles of Incorporation for the above mentioned corporation..

Please advise me if there is anything else I need to do to formally dissolve this business.

Sincerely,

Barry M. Warren

President of LKL Diagnostics

ARTICLES OF DISSOLUTION

FILED

97 SEP -2 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: L.K.L. DIAGNOSTICS, INC

SECOND: The date dissolution was authorized: July 31, 1997

THIRD: 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 vote 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

BARRY WARREN (only Shareholder)  
(voting group)

Signed this 31 day of July, 19 97

Signature [Signature]  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

BARRY WARREN  
(Typed or printed name)

President  
(Title)