

P96000031294

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 5/11/05
Drss

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of corporation

DOCUMENT NUMBER: P96000031294

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

Please return all correspondence concerning this matter to the following:

D. Michael Vidal

(Name of Person)

CHIRO Plus Cherie

(Name of Firm/Company)

PO BOX 18651

(Address)

WEST Palm Beach, FL 33416

(City/State/and Zip Code)

For further information concerning this matter, please call:

Michael Vidal

(Name of Person)

at (561) 641-9440

(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 607.1401, 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:

CHIRO PLUS CLINIC, P.A.

SECOND: The document number of the corporation (if known): P 96000031294

THIRD: The file date the articles of incorporation: 04-10-1996

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 25 day of April, 2005

Signature: [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.)

O. Michael Vidal

(Typed or printed name of person signing)

President

(Title of person signing)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35