## P96000095139

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
SUBJECT: PROGRESSIVE THER	APY SERVICES, INC.			
DOCUMENT NUMBER: P9600009543	9			
The enclosed Articles of Dissolution and fee are s	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
Bill J. Ioannou				
(Name of Contac	t Person)			
AVANTE GROUP INC.				
(Firm/Company)				
4000 HOLLYWOOD BLVD., SUI	<u> </u>			
(Address)				
HOLLYWOOD FL 33021 US				
(City/State and 2	Zip Code)			
For further information concerning this matter, ple	ease call:			
Bill J. Ioannou at	954 987-7180			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
Certificate of Status Cert (Add	.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ified Copy 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## 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:			
	PROGRESSIVE THERAPY SERVICES, INC.				
SECOND:	The document number of the corporation (if known): P96000095439				
THIRD:	The date dissolution was authorized: 4/30/08				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	on file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for disso	lution		
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled			
	The number of votes cast for dissolution was sufficient for approval by	08 HAY	ervision.		
	(voting group)	1	C T		
S	Signature: Havey & Wish	PN 2: 3%	OF STATE		
	(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)				
_	Harvey L. Lichtman				
	(Typed or printed name of person signing)				
	Director				
-	(Title of person signing)				

Filing Fee: \$35