

P97000034437

Requestor's Name

**BEHAVIORAL MEDICINE &  
BIOFEEDBACK CONSULTANTS, INC.**

MEA Professional Center  
50 East Sample Road Suite 300  
Pompano Beach, Florida 33064

Office Use Only

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

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97 MAY -9 PM 2:54  
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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\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

YDIS  
4/10/97  
5/14

Examiner's Initials

## ARTICLES OF DISSOLUTION

*Pursuant to 607.1401, Florida Statutes, the undersigned corporation submits the following articles of dissolution:*

**FIRST:** The name of the corporation is Astral Technologies, Inc.

**SECOND:** The articles of incorporation were filed on \_\_\_\_\_.

**THIRD:** (check one)

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

☒ The corporation has not commenced business.

**FOURTH:** No debt of the corporation remains unpaid.

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

**SIXTH:** Adoption of Dissolution (check one)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Astral Technologies, Inc.

(Corporation Name)

By [Signature]

(An incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

Gary Traub, Ph. D.

(Typed or printed name)

President

(Title)

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