

P 97000/03660

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

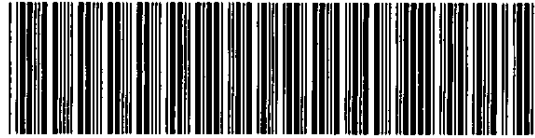
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06 MAY -9 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2006

DR. DANIEL DICRISTOFARO  
5884 MICHAUX STREET  
BOCA RATON, FL 33433

SUBJECT: FORT LAUDERDALE SPINE & REHABILITATION CENTER, INC.  
Ref. Number: P97000103660

We have received your document for FORT LAUDERDALE SPINE & REHABILITATION CENTER, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6908.

Sylvia Gilbert  
Document Specialist

Letter Number: 006A00034405

DEAR SIR/MADAME,

I AM TRYING TO DISSOLVE THIS CORPORATION. I HAVE ENCLOSED THE PROPER DOCUMENT THAT YOU KINDLY FORWARDED TO ME.

I AM SORRY IF I CAUSED ANY INCONVIENCE.

THANK YOU FOR YOUR TIME AND COOPERATION.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FORT LAUDERDALE SPINE & REHABILITATION CENTER, INC.

**DOCUMENT NUMBER:** P97000103660

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

Please return all correspondence concerning this matter to the following:

DR. DANIEL DICRISTOFARO

(Name of Contact Person)

(Firm/Company)

5884 MICHAUX STREET

(Address)

BOCA RATON, FLORIDA 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. DANIEL DICRISTOFARO

(Name of Contact Person)

at ( 954 ) 295-7521

(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)
- 1*  
*MEMO*  
*BENT*

**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:  
FORT LAUDERDALE SPINE & REHABILITATION CENTER, INC.

SECOND: The document number of the corporation (if known): P97000103660

THIRD: The date dissolution was authorized: DEC 31, 2005

Effective date of dissolution if applicable: DEC 31, 2005  
(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.

*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: \_\_\_\_\_

(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. DANIEL DICRISTOFANO

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA