

P980000004457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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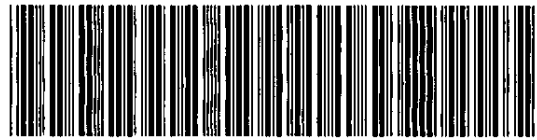
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY - 1 AM 8:57

Roberts MAY 08 2009

MAY 08 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUN TREE' S PHYSICAL THERAPY AND MASSAGE CLINIC INC

**DOCUMENT NUMBER:** P98000004457

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

Please return all correspondence concerning this matter to the following:

CAROL C. SCHOB

(Name of Contact Person)

SUN TREE'S P.T. & MASSAGE CLINIC

(Firm/Company)

967 OSPREY DRIVE

(Address)

MELBOURNE, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL C. SCHOB

(Name of Contact Person)

at ( 321 ) 2554085

(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, 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:  
SUN TREE' S PHYSICAL THERAPY AND MASSAGE CLINIC INC

SECOND: The document number of the corporation (if known): P98000004457

THIRD: The date dissolution was authorized: APRIL 1, 2009

Effective date of dissolution if applicable: APRIL 30, 2009  
(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.

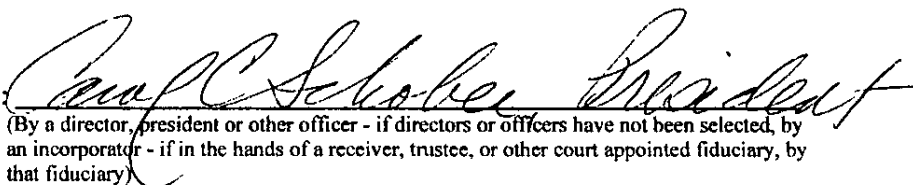
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

100% SHAREHOLDER, CAROL C SCHOBER

(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)

CAROL C. SCHOBER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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