

P99000011794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

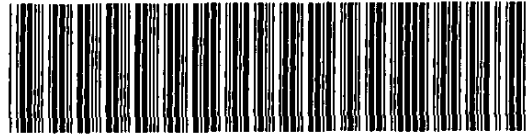
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -9 PM 2:56

Volker, D.

05/25/06

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2006

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

SUBJECT: MIAMI SHORES SPINE & REHABILITATION CENTER, INC.
Ref. Number: P99000011794

We have received your document 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):

We are enclosing the proper form(s) with instructions for your convenience.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

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) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 206A00034728

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 INCONVENIENCE.
THANK YOU FOR YOUR TIME AND COOPERATION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI SHORES SPINE & REHABILITATION CENTER, INC

DOCUMENT NUMBER: P99000011794

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)
- ↑
AUGUST
2001

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:
MIAMI SHORES SPINE & REHABILITATION CENTER, INC.

SECOND: The document number of the corporation (if known): P99000011794

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 DICKSTADT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -9 PM 2:56

Filing Fee: \$35