Division of Corporations

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Division of Corporations

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Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

DISSOLUTION OR WITHDRAWAL

CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES, INC.

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#### ARTICLES OF DISSOLUTION

OF

#### CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES, INC.

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

### ARTICLE I - NAME OF CORPORATION

The name of the corporation is Central Florida Pediatric Therapy Associates, Inc., Florida Document Number S59063 (hereinafter referred to as the "Corporation").

### ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized on April 18, 2019.

### ARTICLE III - APPROVAL OF DISSOLUTION

Dissolution was approved by the sole shareholder. The number of votes cast for dissolution was sufficient for approval.

### ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION

The Corporation shall be dissolved effective upon the filing of these Articles of Dissolution.

Dated this 18 day of April, 2019.

CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES, INC.

By:

Amy J. Gomes, President

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### Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not regulred when filing a voluntary dissolution.

Name of Corporation: Central Florida Pediatric Thempy Associates, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of Information that must be included in a claim:
Name of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim (attachment):
· · · · · · · · · · · · · · · · · · ·
Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)
Central Florida Pediatric Therapy Associates, Inc.
Attn: Amy J. Gomes
P.O. Box 120547
Clermont, FL 34712
A claim against the above-named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
O James
Amy J. Gomes  Printed Name of the Person Filing  Signature of Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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