

COCONUT CREEK CHIROPRACTIC INC. 2001 MARCUS AVENUE SUITE W95 LAKE SUCCESS NY 11042

City/State/Zip

Phone #

400002226814-019 -06/30/97-01139-019 *****42.75 ******42.75

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corpo	oration Name)	(Document #)
2(Corpo	oration Name)	(Document #) 4080822263144
3(Corpo	oration Name)	(Document #) -06/30/97-01139-019 *****43.75 *****42.75
4.	oration Name)	(Document #)
	Pick up time	Certified Copy
	Will wait Phot	ocopy Certificate of Status
NEW FILINGS.	AMENDMENTS	APPROVED APPROVED FILED SECRETARY OF STATE ALLANASSEE, FLORID
Profit	Amendment	APP HAPP HASS
NonProfit	Resignation of R.A., Off	icer/Director
Limited Liability	Change of Registered A	gent SIM 9.
Domestication	Dissolution/Withdrawal	() Sw =
Other	Метдет	
OTHER FILINGS Annual Report	REGISTRATIO	165-5
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	7 30 3, 10
	Trademark	
	Other	J may

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 is: COCONUT CREEK CHIROPRACTIC INC.
SECOND:	The date dissolution was authorized:JUNE 25, 1997
THIRD:	Adoption of Dissolution (CHECK ONE)
	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	colution was approved by vote of the shareholders through voting groups.
7 e	The following statement must be separately provided for each voting group on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe Signature	day of JUNE 19 97. (By the Chairman or Vice Chairman of the Board, President, or other officer)
	DR. LAWRENCE T. MARKSON (Typed or printed name)
	PRESIDENT (Title)
	(me)