

L14000049280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

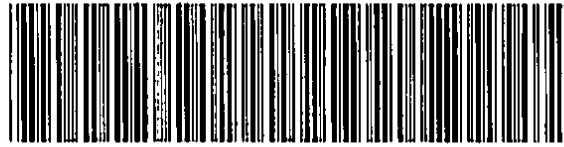
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EFFECTIVE DATE 08/15/17



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 AUG 11 P 12:49

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AUG 14 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Priority Medical & Rehab Centers, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvin I. Elfand, CPA

(Name of Person)

Elfand & Associates, PC

(Firm/Company)

501 Office Center Dr., Suite 188

(Address)

Fort Washington, PA 19034

(City/State and Zip Code)

For further information concerning this matter, please call:

Alvin I. Elfand, CPA

(Name of Person)

at ( 215 ) 653-0990

(Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
PRIORITY MEDICAL & REHAB CENTERS, LLC
2. The Articles of Organization were filed on March 25, 2014 and assigned  
document number L14000049280
3. The delayed effective date the dissolution if not effective on the date of filing: August 15, 2017  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).  
The Consent of the Sole Member; business failed to thrive.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Lawrence B Ashkinazy

11638 NW 2nd Dr.

Coral Springs, FL 33071

6. Signature of an authorized person or if there are no members, the signature of the person appointed listed above to wind up the company's activities and affairs:

Lawrence B. Ashkinazy  
Signature

Lawrence B Ashkinazy  
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 08/15/17

2017 AUG 11 P 12 49  
TALLAHASSEE, FLORIDA

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