

M22050

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000257920 3))



H080002579203ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850)222-1092
 Fax Number : (850)878-5926

DISSOLUTION OR WITHDRAWAL PINECREST REHABILITATION HOSPITAL, INC.

2008 NOV 17 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 NOV 17 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

C.COULLETTE

NOV 18 2008

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:
Pinecrest Rehabilitation Hospital, Inc.

SECOND: The document number of the corporation (if known): M22050

THIRD: The date dissolution was authorized: November 3, 2008
Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)
[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
[] Dissolution was approved by of 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 (voting group)

Signature: Kristina A. Mack
(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)

Kristina A. Mack
(Typed or printed name of person signing)

Sole Director
(Title of person signing)

Filing Fee: \$35

FILED
06 NOV 17 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA