

Division of Corporations

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**M48794**Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 205-0380

**EFFECTIVE DATE**  
**12/31/05**

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

RECEIVED

05 DEC 30 AM 8:00

DIVISION OF CORPORATIONS

**DISSOLUTION****CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC.**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC 30 AM 9:55

FILED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing

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**VOIDS**  
**DEC 2/20**

EFFECTIVE DATE 12/31/05

## 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:  
Continental Medical Systems of Florida, Inc.

SECOND: The document number of the corporation (if known): M48794

THIRD: The date dissolution was authorized: December 29, 2005  
Effective date of dissolution if applicable: December 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 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

(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)

**John E. Lee, III**

(Typed or printed name of person signing)

**Chief Financial Officer, Executive Vice President, and Secretary**

(Title of person signing)

**Filing Fee: \$35**

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05 DEC 30 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/29/2005 18:40 8502227615

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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 required when filing a voluntary dissolution.

Name of Corporation: Continental Medical Systems of Florida, 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:

nature of claim, claimant contact information

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

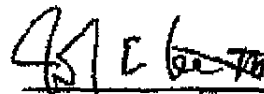
c/o John Lee, 1200 Corporate Drive, Birmingham, AL 35242

Suite 150

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.

John E. Lee, III

Printed Name of the Person Filing



Signature of the Person Filing

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