ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

QUALITY CARE THERAPY, INC.

SECOND: The document number of the corporation: P00000007323

THIRD: The date dissolution was authorized: April 25, 2016

Effective date of dissolution: April 29, 2016

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution

was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JORGE CAMACHO PD

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED Apr 25, 2016 Secretary of State

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.

Name of Corporation:

QUALITY CARE THERAPY, 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 COMPANY, ADDRESS, PERSON IN CHARGE, AMOUNT OF THE CLAIM, REASON FOR THE CLAIM, DETAILS.

Mailing address where claims can be sent:

991 SW 147 AVENUE PEMBROKE PINES, FL 33027

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155. Florida Statutes.

Signature: JORGE CAMACHO

Electronic Signature of the Person Filing