TRANSMITTAL LETTER

## 10000037522

Department of State Division of Corporation Amendment Section P.O. Box 6327 Tallahassee, FL 32314

LONFORT REHABTHERAPY, INC.

Enclosed is an original and one (1) copy of the Articles of Dissolution and a check for \$ 35 for filing fees.

FROM:	OLA FADALY	
	Name	
	117 D. Plantation Ct. E.	
	Address	
	TEMPLETERRACE, FL 33617	F - W
	City, State & Zip	
	(813) 988-9957	
	Daytime Telephone Number	

## 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: COMFORT REHABTHERAPY, MC.
SECOND:	The date dissolution was authorized: 1 1 2001
THIRD:	Adoption of Dissolution (CHECK ONE)
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Dis Dis	solution was approved by vote of the shareholders through voting groups.
e	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:  number of votes cast for dissolution was sufficient for approval by
<del></del>	(voting group)
Sig	med this $\frac{9h}{100}$ day of $\frac{344}{100}$ , $\frac{2001}{100}$ .
Signature _	- Old Fad aly (By the Chairman or Vice Chairman of the Board, President, or other officer)
	(Typed or printed name)
	PRESIDENT
	(Title)