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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

MIAMI MEDICAL AND REHABILITATION CENTER INC

DOCUMENT NUMBER: P06000064343 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

FELIPE RUIZ

3670 NW 1ST STREET

MIAMI, FL 33125

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

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Pursuant to sec dissolution:	ction 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of
FIRST:	The name of the corporation as currently filed with the Department of State:
	MIAMI MEDICAL AND REHABILITATION CENTER, INC.
SECOND: Th	e document number of the corporation (if known): P00000064343
THIRD:	The date dissolution was authorized: JUN 9, 2008
	Effective date of dissolution if applicable: JUN 9, 2008
	(no more than 90 days after dissolution file date)
FOURTH: Ad	loption 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
	(voting group)
٠	Signed this 10TH day of JUNE , 2008
	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)
	(Typed or printed name of person signing)
	FELIPE RUIZ
	(Title of person signing)

SECRETARY