## \*P000000011401

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	o #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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## TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: Disolution of main medical + R
DOCUMENT NUMBER: P0000007/40/
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
marcia Carcía
Name of Person)  264 NW 86 Pl.  AREA II
(Name of Firm/Company) address  (Address)  (Address)  (Address)  (Address)  (Address)
Miamu (Address)  (City/State/and Zip Code)
For further information concerning this matter, please call:
Marcia Caucia at (186) 255-0797  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  STREET ADDRESS:  Amendment Section  Division of Corporations  409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State:	
$\mathcal{J}$	vain medical & Rehabilitation Centers	
SECOND:	The document number of the corporation (if known): P0000071601	
THIRD:	The file date of the articles of incorporation was: $7-27-2000$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	☐ A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
S	Signed this 12 day of February, 2004.	
Signatur	(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.)	
	MARCIA GARCIA  (Typed or printed name of person signing)	
	(Typed or printed name of person signing)  PRESIDENT  (Title of person signing)  Title of person signing)	
	FISHER TO THE STATE OF THE STAT	

Filing Fee: \$35