

PO2000042375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

02-01-05

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMFORT MEDICAL REHAB INC.

DOCUMENT NUMBER: PO2000042375

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMED OSMAN
(Name of Person)

10326 COUNCILS WAY
(Name of Firm/Company)
(Address)

TEMPLE TERRACE, FL 33617
(City/State/and Zip Code)

EFFECTIVE DATE
02-01-05

For further information concerning this matter, please call:

OSAMA S KAYALI CPA at (813) 899-9642
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|---|

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

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 Department of State:

COMFORT MEDICAL REHAB INC.

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

P02000042375

THIRD: The date dissolution was authorized:

1/17/05

Effective date of dissolution if applicable:

2/1/2005

(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

EFFECTIVE DATE
02-01-05

(voting group)

Signed this 17th day of JANUARY, 2005.

Signature: Mohamed Osman

(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)

MOHAMED OSMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35