P04000041164

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(7)	To all Mines	
(Bt	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: PINE REHABILITATION CENTER INC
DOCUMENT NUMBER: P04000041164
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
*
FELIX R MARICHAL
(Name of Person)
PINE REHABILITATION CENTER INC
(Name of Firm/Company)
4323 STONEFIELD DR
(Address)
ORLANDO, FL 32826
(City/State/and Zip Code)
For further information concerning this matter, please call:
JOSE ABELLA at (407) 896-7113
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\ \bigs\\$43.75 Filing Fee & \bigs\\$43.75 Filing Fee & \bigs\\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2005

FELIX R. MARICHAL PINE REHABILITATION CENTER INC. 4323 STONEFIELD DRIVE ORLANDO, FL 32826

SUBJECT: PINE REHABILITATION CENTER INC

Ref. Number: P04000041164

We have received your document for PINE REHABILITATION CENTER INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The document must state either: (1) None of the corporation's shares have been issued OR (2) The corporation did not commence business.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 705A00032718

Thelma Lewis
Document Specialist Supervisor

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 the Florida Department of State:
	PINE REHABILITATION CENTER INC
SECOND:	The document number of the corporation (if known): P04000041164
THIRD:	The file date the articles of incorporation: $03/05/2004$
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.
Si	gned this 2ND day of MAY 2005
Sign:	ature: X
~.6	(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.)
	FELIX R MARICHAL
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	True of barren arbumas

Filing Fee: \$35