

Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000209875 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300

Fax Number : (305) 485-1098

## DISSOLUTION OR WITHDRAWAL

## FAMILY CARE AND REHABILITATION CENTER, INC.

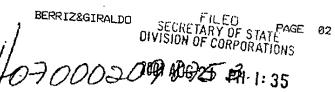
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

8/21/2007



## 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:
Fan	ily Clare and Kehabilitation Center, Tue.
SECOND:	The date dissolution was authorized: Hagust 20,2007.
THIRD:	Adoption of Dissolution (CHECK ONE)
Disse was s	plution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Disse	olution was approved by vote of the shareholders through voting groups.
	ne following statement must be separately provided for each voting group titled to vote separately on the plan to dissolve:
The r	number of votes cast for dissolution was sufficient for approval by
<del></del>	(voting group)
Sign	$\frac{1}{2000}$ day of $\frac{1}{2000}$ day of $\frac{1}{2000}$ $\frac{1}{2000}$ $\frac{1}{2000}$
Signature	(slace
	(By the Chairman or Vice Chairman of the Board, President, or other officer)
ı	Arley Ceballo.
	(Typed or printed pame)
CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE MIAMI, FL 33155 (305) 485-9300	C 4070000098753
•	, <del>-</del>