Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : XIOMARA LEE, P.A.

Account Number: I20040000008 : (305)262-2323 Phone Fax Number : (305)262-2324

DISSOLUTION OR WITHDRAWAL

ANCED THERAPY & REHABILITATION CENTER INC.

NET	AM 8: 0(OF STATE
RECE	2007 SEP -4	SECRETARY ALLAHASSEE

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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 Florida Department of State:			
	ADVANCED THERAPY & REHABILITATION CENTER IN	1C.		
SECOND:	The document number of the corporation (if known): P05000078651			
THIRD:	The date dissolution was authorized: 08/30/2007			
	Effective date of dissolution if applicable: 08/30/2007 (no more than 90 days after dissolution fi	ile date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes east for was sufficient for approval.	or dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled		
	The number of votes cast for dissolution was sufficient for approval by	· •		
	•	SECH IVISIO		
	(voting group)	SECRETARY OF STATE VISION OF CORPORATION 7 SEP -4 AM 9: 33		
		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		STATE STATE STATE		
	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)	S SS		
	ALEXIS LUIS	•		
	(Typed or printed name of person signing)			
	PRESIDENT/DIRECTOR			

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