

P05000109451

(Requestor's Name)

(Address)

(Address)



300064966053

LAZARD MARQUEY
MARQUEY REHABILITATION CENTER, INC
11049 NW 11th
MIAMI FL 33172.

(Document Number)

Certified Copies _____ Certificates of Status _____

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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:

MARQUEZ REHABILITATION CENTER, INC

SECOND: The document number of the corporation (if known): P05000109451

THIRD: The date dissolution was authorized: 12/13/2005

Effective date of dissolution if applicable: _____

(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

100.00 %

(voting group)

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)

LAZARO MARQUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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ALLAHSEE, FLORIDA