Florida Department of State

Division of Corporations 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.

(((H15000024693 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)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

DISSOLUTION OR WITHDRAWAL PAIN RELIEF REHAB MEDICAL CENTER, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 02 2014

C. CARROTHER.

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 that with the Florida Department	i or piere:		
	PAIN RELIEF REHAB MEDICAL CENTER, CORP.	_		
SECOND:	The document number of the corporation (if known): P07000114447			_
THIRD:	The date dissolution was authorized; $12-0l-14$			
	Refrective date of diagolution if suplicable; (no more than 90 days after dissolu	rian Ata dana		-
	(mo moto men a code area orazona			
FOURTH:	Adoption of Dissolution (CHECK ONE)	世界	55	E M-37
	7 70 . Lating was a supposed booths should have The number of states as	ا ایست. محدقورهمای شد	**	3
	Dissolution was approved by the shareholders. The number of votes or was sufficient for approval.	(A) (C)	3 3 3	3
	Dissolution was approved by the shareholders through voting groups.	[n : 五元]	[Dip	
	The following statement must be separately provided for each voting grou, to vote separately on the plan to dissolve:	p entitled	ය වූ	****
	The number of votes oast for dissolution was sufficient for approval by			
		_		
	(worm gaidy)			
	Signature: (X) director, president or other officer - if directors or officers have not been selected, b	-		
	an indeptod attor - if in the hands of a receiver, trustee, or other court appointed Educiary, that fletching.			
	AYMEE CABALLERO			
	(Typod or printed name of person signing)	•		
	P/\$/D			
	(Title of parton signing)	-		