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VO/dis News 5-12-09

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Reha	ub Massers of Jacksonville, lu
DOCUMENT NUMBER: PO800008	101
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
BRUCE E. Bown (Name of Contact I	man
(Name of Contact I	Person)
(Firm/Compa	ny)
6316 Custer RD (Address)	
Orange Park, FZ 3 (City/State and Zi	32045
(City/State and Zi	p Code)
For further information concerning this matter, please	se call:
Pruce Bowman at ((Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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:
	Rihab Masters of Sacksonwille, Inc.
SECOND:	The document number of the corporation (if known): Poscocosio
THIRD:	The file date of the articles of incorporation: 1 18 08
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.
Sign	ature: Dun Dourne
	(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.)
	Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35