## P09000017897

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JUN 17 2010

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ARTICLES OF DISSOLUT	TION
DOCUMENT NUMBER: PO 9000017897	1
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please-return all correspondence concerning this matter to the following	
Muls E. Ropribue 2 (Name of Contact Person)	
FIT FOR LIFE REHAB LOK	$\rho$
(Firm/Company)	
3368 Summercano HILL	5/00P
(Address)	·
LAKELAND FL 33812	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:	
Miles of Contact Person) at (863) 6  (Name of Contact Person) (Area Code & Da	48-0675 ytime Telephone Number)
,	, ,
Enclosed is a check for the following amount:	
, v	\$52.50 Filing Fee, Certificate of Status & Certified Copy
enclosed) (	Additional copy is enclosed)
	;
	ADDRESS:
	ent Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	
Tallahassee, FL 32314 . 2661 Exe	ecutive Center Circle see, 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:
	FIT FOR LIFE REHAB CORP.
SECOND:	The document number of the corporation (if known): <u>P090001789</u> 7
THIRD: 🗦	The file date of the articles of incorporation: 2/25/2009
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.
	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.
Signa	(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