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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL A-1 THERAPY SERVICES, INC.

Certificate of Status

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Page Count

02

Estimated Charge

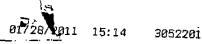
\$35.00

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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: A-1 THERAPY SERVICES INC.	
SECOND:	The document number of the corporation (if known): P09000055087	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	ŀ
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 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	The state of the s
r	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) (Typed or printed name of person signing) (Title of person signing)	

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