

Florida Department of State

Division of Corporations Public Access System

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This ion of Corporations

From:

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Account Number: 071001002335

Bhone : (305)599-0839

Fax Number : (305)716-0346

2009 NOV 17 AM 9: 52 SEURETARY OF STATE

DISSOLUTION OR WITHDRAWAL

FLORIDA WELLNESS & REHABILITATION CENTER OF LITTLE H

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November 17, 2009

FLORIDA DEPARTMENT OF STATE

FLORIDA WELLNESS & REHABILITATION CENTER OF LITTLE HAVA 2750 CORAL WAY STE 201/202 MIAMI, FL 33145

SUBJECT: FLORIDA WELLNESS & REHABILITATION CENTER OF LITTLE HAVANA, INC.

REF: P09000089795

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Teresa Brown Regulatory Specialist II FAX Aud. #: H09000236950 Letter Number: 709A00035732

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TALLAHASSEE, FLORIDA

TOMENT OF State:

ANA, INC.

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ARTICLES OF DISSOLUTION

Pursuant to section 607.140 k. Florida Statute, 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:

FLORIDA WELLNESS & REHABILITATION CENTER OF LITTLE HAVANA, INC.

SECOND: The document number of the corporation (if known): P09000089795

THIRD:	The file date of the articles of incorporation: 10/29/2009	
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.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENT	H: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorize the dissolution.	
	A majority of the directors anthorized the dissolution.	
Signature:	X dela	
-	(by a director, president, or other officer — if directors or officers have not selected by an incorporator ~ if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	MARK A. CERECEDA (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	