

Jul. 1. 2016 1:34PM  
Division of Corporations

PO9000100673

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : REZLEGAL, LLC  
Account Number : I20140000033  
Phone : (904) 567-1177  
Fax Number : (904) 567-1066

**DISSOLUTION OR WITHDRAWAL  
RTA HEALTH CARE, PA**

Certificate of Status	0
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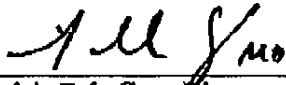
ARTICLES OF DISSOLUTION

FOR

RTA HEALTH CARE, PA

1. The name of the professional association as currently filed with the Florida Department of State is RTA Health Care, PA (the "Company").
2. The Articles of Incorporation were filed on December 15, 2009 and assigned document number P09000100673.
3. Dissolution of the Company was unanimously approved as of June 29, 2016 by the consent of the sole Shareholder of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Shareholders in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being the sole Director of the Company, hereby approves the above Articles of Dissolution this 29<sup>th</sup> day of June, 2016.

  
Richard A. Dela Cruz, Director

2016 JUL -1 PM 10:02

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FLORIDA

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**Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: RTA Health Care, PA

Document Number of Corporation is: P09000100673.

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of Claim.

Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Richard A. Dela Cruz  
5222 Lenox Avenue  
Jacksonville, Florida 32205

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

  
Richard A. Dela Cruz, sole Director

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