P10000034686

(Re	equestor's Name)	
(Ac	dress)	
(AC	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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C.COULLIETTE
JUN 0 8 2011

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

ORPORATION NAME(S) & DOCU	Office Use Only MENT NUMBER(S), (if known):
UNIQUE HEA	LTH CENTER INC
(Corporation Name)	(Document #)
	(-
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	2.00 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Other OTHER FILINGS	Merger REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

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 Sta	te:		
	UNIQUE HEALTH CENTER INC			
SECOND:	The document number of the corporation (if known): P10000034686	,		
THIRD:	The file date of the articles of incorporation: 04/20/2010			
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)	TALL TALL	=	
	A majority of the incorporators authorized the dissolution.	AHA	EN-	丁
•	A majority of the directors authorized the dissolution.	13388 187 OF	JUN-8 PM	FILEU
Sign	ature: (By a director) president or other officer - if directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing)	STATE FLORIDA :	1:20	