

PI00000090319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

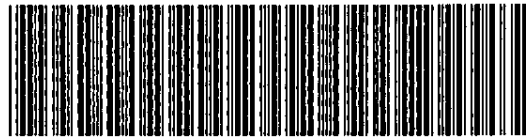
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS.

JAN 26 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rehab Solutions for Reporting, Inc.

DOCUMENT NUMBER: P10000090319

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven M. Fahlgren, Esq

(Name of Contact Person)

Law Office of Steven M. Fahlgren, P.A.

(Firm/Company)

552382 U.S. Highway 1 North

(Address)

Hilliard, Florida 32046

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven M. Fahlgren

(Name of Contact Person)

at (904) 845-2255

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**LAW OFFICES OF
STEVEN M. FAHLGREN, P.A.**

ATTORNEY AT LAW
552382 US HIGHWAY 1 NORTH
HILLIARD, FLORIDA 32046
TELEPHONE (904) 845-2255
FACSIMILE (800) 973-2134
SFAHLGREN@FORTHECONSUMER.COM
WWW.FORTHECONSUMER.COM

January 24, 2012

Teresa Brown, Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

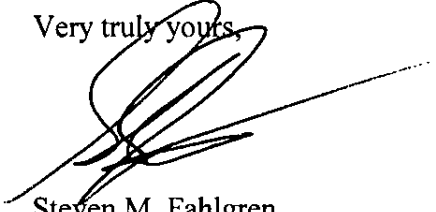
Re: Rehab Solutions for Reporting, Inc.
Reference No.: P10000090319

Dear Ms. Brown:

Pursuant to your letter dated December 30, 2011 regarding the submission of Articles for Dissolution, please find enclosed the documents with original signatures as requested. Please note that the required payment of \$35.00 has already been submitted to your office.

Should you have any questions, please contact my office. Thank you for your attention in this matter.

Very truly yours,



Steven M. Fahlgren

SMF/kp
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2011

STEVEN M. FAHLGREN, ESQ
LAW OFFICE OF STEVEN M. FAHLGREN, P.A.
552382 US HWY 1 NORTH
HILLIARD, FL 32046

SUBJECT: REHAB SOLUTIONS FOR REPORTING, INC.
Ref. Number: P10000090319

We have received your document for REHAB SOLUTIONS FOR REPORTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 111A00028988

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:

Rehab Solutions for Reporting, Inc.

SECOND: The document number of the corporation (if known): P10000090319

THIRD: The date dissolution was authorized: December 21, 2011

Effective date of dissolution if applicable: December 21, 2011

(no more than 90 days after dissolution file date)

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

(voting group)

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)

Julie A. Collins

(Typed or printed name of person signing)

Director & President

(Title of person signing)

Filing Fee: \$35

FILED
2012 JAN 26 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA