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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: T20000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

## DISSOLUTION OR WITHDRAWAL CLINICS REHABILITATION CENTER CORP

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T. LEWIS

## H 13000006764

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE STATE OF	
Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles ion:	
FIRST	The name of the corporation as currently filed with the Florida Department of State:  CLinics RehabiLitation CENTER CORP	
SECOND:	The document number of the corporation (if known): P10000101370	
THIRD:	The date dissolution was authorized: 01-09-13	
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)	
FOURTH	Adoption of Dissolution (CHECK ONE)	
	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.	
	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	•
	(Aosiv8 Brom)	
	10.00	
-	Signature:  (By a director, president or other offices in directors or officers have not been selected, by	
	an incorporator - if in the hands of a receiver flustee, or other court appointed fiduciary, by that fiduciary)	
, ,	FELIX D. GARCIA-ABALO  (Typed or printed name of person signing)	
	(1yped or printed manie or person signing)	
	(Title of person signing)	
,	Filing Fee: \$35	

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