P/1000028825

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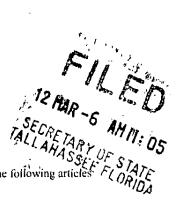
2661 Executive Center Circle Tallahassee, FL 32301

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TO: Amendment Section Division of Corporations SUBJECT: DISSOLUTION OF INTERNATIONAL REHAB, INC. DOCUMENT NUMBER: P11000028825 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAZARO M MATIAS (Name of Contact Person) INTERNATIONAL REHAB, INC. (Firm/Company) 46 MALAGA AVE (Address) CORAL GABLES, FL. 33134 (City/State and Zip Code) For further information concerning this matter, please call: at (305.) 720-4352 (Area Code & Daytime Telephone Number) LAZARO M. MATIAS (Name of Contact Person) Enclosed is a check for the following amount: S35 Filing Fee \$43.75 Filing Fee & S43.75 Filing Fee & \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is-Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Cliffon Building

Tallahassee, Fl. 32314

COVER LETTER



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles Florida statutes.

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	INTERNATIONAL REHAB, INC.
SECOND:	The document number of the corporation (if known): P11000028825
THIRD:	The date dissolution was authorized: 02/27/2012
	Effective date of dissolution if applicable: (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
	(Noting 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 count appointed fiduciary, by
	that fiduciary)
	LAZARO M. MATIAS
	(Typed of printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35

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 filling a voluntary dissolution. Name of Corporation: INTERNATIONAL REHAB, INC. 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 claim: Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations) **46 MALAGA AVE** CORAL GABLES, FL. 33134 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filling of this notice. LAZARO M. MATIAS Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00