07/06/2011 15: ivision of Corporations

> Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000173951 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone (305)552-5973 Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL SPINAL INJURY REHAB CENTER INC

Certificate of Status Certified Copy

0 02

0

Page Count

Estimated Charge

\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

af 1

H11000173951

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:	
	Spinal Injury Rehab Center Inc	
SECOND:	The document number of the corporation (if known): P11000058286	
THIRD:	The date dissolution was authorized: 07-05-11	
	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	
	(voting group)	
		,1236-
	Signature:	-95
	(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)	
	Carlos Carrazana	
	(Typed or printed name of person signing)	
	PRESIDENT:	
	(Title of person signing)	

Filing Fee: \$35

H11000173951