

2/16/2015

P12000034582

Division 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.**

((H15000039691 3)))



H150000396913ABC1

**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:

Account Name : KRISJOENNA SERVICES, INC.  
Account Number : I20080000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

**DISSOLUTION OR WITHDRAWAL  
FUTURE MEDICAL REHABILITATION, INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

RECEIVED  
15 FEB 17 PM 5:00  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 FEB 17 AM 10:59  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

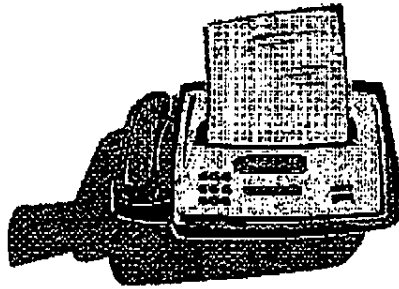
Corporate Filing Menu

Help

FEB 18 2015

C. CARROTHER

# KIJOENNA SERVICES, INC



---

## FACSIMILE TRANSMITTAL SHEET

---

**TO:**  
DIVISION OF CORPORATION

**FROM:**  
KIJOENNA SERVICES INC

**Company:**  
Future Medical Rehabilitation Inc

**DATE:**  
02/16/2015

**Fax Number:**  
1-850-617-6380

**Total # of Pages Including Cover:**  
3

**Phone Number:**  
305-644-3055

**Sender's Fax Number:**  
305-644-3052

**RE:**  
Articles of Dissolution

## 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:

**FUTURE MEDICAL REHABILITATION, INC**

SECOND: The document number of the corporation (if known): **P12000034582**

THIRD: The date dissolution was authorized: **02/16/2015**

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)

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)

**ENNA DIEPPA**

\_\_\_\_\_  
(Typed or printed name of person signing)

**DIRECTOR**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

15 FEB 17 AM 10:59  
TALLAHASSEE, FLORIDA  
FUTURE MEDICAL REHABILITATION, INC