## P1200056403

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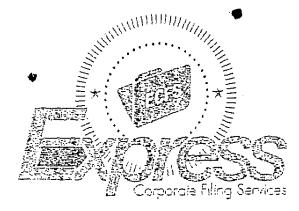


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1000 Ponce de Leon Blvd, Suite: 101

Coral Gables, FL 33134

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Comprehensive	medical & wellness, Inc.
(Compressor Nema)	120000054493
(Corporation Name)  S	tΩcoument #}
(Darzorszon Name)	(Dacument #)
(Comportation Name)	(Copiment #)
Walk in Pick up t	ime Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
Profit NanProfit Limited Liability Domestication Other	Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Menger
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Other

## ARTICLES OF DISSOLUTION

Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the follissolution:	owing.	
FIRST:	The name of the corporation as currently filed with the Florida Department of S  COMPRENHENSIVE MEDICAL & WELLNESS, INC.		
SECOND:	The document number of the corporation (if known): P12000056463		
THIRD:	The file date of the articles of incorporation: 06/22/2012		
FOURTH:	(CHECK AT LEAST ONE BOX)	न्छ	1.14.4
	None of the corporation's shares have been issued.	容 OCT 10	THE CHUIT OF OU
	The corporation has not commenced business.	0 PM	Ć K
FIFTH:	No debt of the corporation remains unpaid.	1: 33	,
SIXTH:	The net assets of the corporation remaining after winding up have been distribut to the shareholders, if shares were issued.	ed 🐱	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorp in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  HAMLET R. HASSAN  (Typed or printed name of person signing)	orator - il	f
	PRESIDENT (Title of Person Signing)		
	(True of Letson Signing)		