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(((H120002172673)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 12000000019
Phone: (305)55275973

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: (305)220-1440

DISSOLUTION OR WITHDRAWAL CARDENAS REHAB MEDICAL INC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Corporate I

sic Filing Menu

H 1 2 0 0 0 2 1 7 2 3 7 ARTICLES OF DISSOLUTION

Pursuant to of dissolu	to section 607.1403, Florida Statutes, this Florida profit corporation:	n submits the following at	rticles	
FIRST:	The name of the corporation as currently filed with the Florida	ia Department of State:		
	CARDENAS REHAB MEDICAL	INC		
SECOND		010000077010		
THIRD:	The date dissolution was authorized: 8/3/1/2	8/3/1/2_		
	Effective date of dissolution if applicable: (no more than 90	days after dissolution file date)		
FOURTH	H: Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number was sufficient for approval.	per of votes cast for dissol	lution	
	Dissolution was approved by the shareholders through v	oting groups.		
	The following statement must be separately provided for eac to vote separately on the plan to dissolve:	h voting group entitled		
ļ.	The number of votes cast for dissolution was sufficient for a	was sufficient for approval by		
		ille erre		
	(voting group)		5	
			မ်ား မော် မော်	
	·		— {******	
٠.	Signature: Textein	**************************************	3 C	
	(By a director, president or other officer - if directors or officers have to an incorporator - if in the hands of a receiver, trustee, or other court ap that fiduciary)		5	
• •	Maria Turch	75		
	(Typed or printed name of person signing)	<u>, , , , , , , , , , , , , , , , , , , </u>		
	President		· ·	
	(Title of person signing)			
	Filing Fee: \$35			
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