

**Florida Department of State**  
**Division of Corporations**  
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**Account Name : LAZARUS CORPORATE FILING SERVICE, INC.**  
**Account Number : I20000000019**  
**Phone : (305)552-5973**  
**Fax Number : (305)675-5944**

**DISSOLUTION OR WITHDRAWAL**  
**L.P.A. MEDICAL & REHAB INC.**

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## 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:

L.P.A. MEDICAL & REHAB INC.

SECOND: The document number of the corporation (if known): P15000010946

THIRD: The date dissolution was authorized: 7/6/16

Effective date of dissolution if applicable: 7/6/16  
(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: [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)

Pastor Hernandez Coll

(Typed or printed name of person signing)

(President)

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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