

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.

(((H150000960383)))



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

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

R. WHITE

APR 21 2015

DISSOLUTION OR WITHDRAWAL HEALTHY REHAB CENTER INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION

of dissolutio	n:	iowing a	rncie
FIRST _;	The name of the corporation as currently filed with the Florida Department of Healthy Rehab Center	f State:	- 4 (
SECOND:	The document number of the corporation (if known): P150000 1	<u>559</u>	2
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	ñlo date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
•	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disso	lutio
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled	
	The number of votes cast for dissolution was sufficient for approval by		
•	(voting group)	Z g	.
		LAHASSE	APR 20
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by		30
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	ORIDA	를 2
	Teresita Bello (Typed or printed name of person signing)		
	President		
t .	(Title of person signing)		

Filing Fee: \$35

Œ