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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PRATZ REHABILITATION CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 OCT 12 PM 7:06

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October 9, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: PRATZ REHABILITATION CENTER INC

REF: W15000067104

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000242156
Letter Number: 115A00021402

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Pratz Rehabilitation Center Inc of Doc # P14000097083 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Miguel Rodriguez Pratz

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H15000242156

ARTICLE I NAME: The name of the corporation is:

Pratz Rehabilitation Center Inc

ARTICLE II PRINCIPAL OFFICE: ^{tax.} ID. 47-2467072

The principal street address and mailing address is:

175 Sw 7th ST Suite 1516
Miami, FL 33130

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Miguel E Rodriguez Pratz (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Miguel E Rodriguez Pratz
175 Sw 7th St Suite 1516
Miami FL 33130

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Miguel E Rodriguez Pratz
175 Sw 7th St Suite 1516
Miami FL 33130

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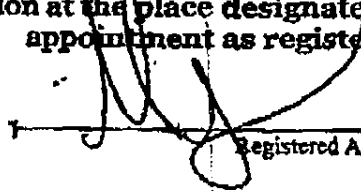
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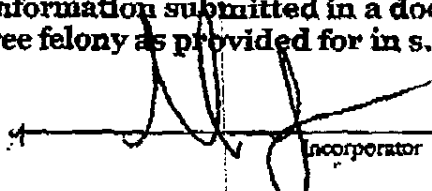
Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent 10-08-15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator 10-08-15
Date

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