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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL

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

AMETHYST REHABILITATION CENTER INC

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C. BRUMBLEY

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	AMETHYST REHABILITATION CENTER INC	
SECOND:	The document number of the corporation (if known): \$\frac{12}{2} \omega	그고
THIRD:	The date dissolution was authorized: 1/19/22	ر ر
	Effective date of dissolution if applicable;	-
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date work be listed as the document's effective date on the Department of State's records.	พปีโ
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	
Sìg	greature: (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) (Typed or printed name of person signing) President (Title of person signing)	FILED