

P43000051372

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H15000306726 3)))



H150003067263ABC/

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

2015 DEC 30 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**DISSOLUTION OR WITHDRAWAL
REHAB PROVIDER NETWORK OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

C. CARROTHERS

DEC 31 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution - Rehab Provider Network of Florida, Inc.

DOCUMENT NUMBER: P93000051372

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Petrie

(Name of Contact Person)

Select Medical Corporation

(Firm/Company)

4714 Gettysburg Road

(Address)

Mechanicsburg, PA 17055

(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Petrie

(Name of Contact Person)

at (717) 975-4556

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:
Rehab Provider Network of Florida, Inc.

SECOND: The document number of the corporation (if known): P93000051372

THIRD: The date dissolution was authorized: 12/29/15

Effective date of dissolution if applicable: 12/31/15

(no more than 90 days after dissolution file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date shall not be listed as the document's effective date on the Department of State's records.

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: _____

John F. Duggan
(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)

John F. Duggan

(Typed or printed name of person signing)

Vice President

(Title of person signing)

2015 DEC 30 AM 11:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA