

P97000020857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

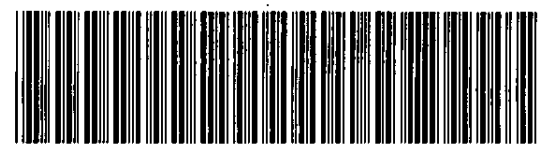
(Business Entity Name)

(Document Number)

Certified Copies     Certificates of Status

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04/12/11--01037--015 \*\*105.00

FILED  
2011 APR 12 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss. w/Notice

TBrown 4-14-11

***Martin B. Farber***

ATTORNEY AND COUNSELOR AT LAW

235 RANCH TRAIL WEST  
WILLIAMSVILLE, N.Y. 14221  
TELEPHONE (716) 688-0773  
TELECOPIER (716) 688-0773

April 6, 2011

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

RE: Articles of Dissolution and  
Notice of Corporate Dissolution  
Comprehensive Rehab Services of Charlotte County, Inc.  
Complete Physical Rehabilitation, Inc.

Dear Sir or Madam:

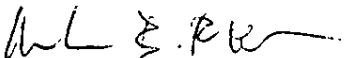
Please find enclosed two copies of a Cover Letter, Articles of Dissolution and Notice of Corporate Dissolution, for each of the above named corporations.

Also enclosed is a check in the amount of \$105.00, in payment of the filing fee, certificate of status and certified copy, for each corporation. The duplicate copy of each document is enclosed for the certified copies.

Please acknowledge the receipt of these forms, by signing and returning to me the enclosed copy of this letter.

Thank you for your cooperation.

Very truly yours,

  
Martin B. Farber

11-2011.59

Receipt Acknowledged:

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Complete Physical Rehabilitation, Inc.

**DOCUMENT NUMBER:** P97000020857

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

Please return all correspondence concerning this matter to the following:

Martin B. Farber

(Name of Contact Person)

Martin B. Farber

(Firm/Company)

235 Ranch Trail West

(Address)

Williamsville, New York 14221

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin B. Farber

(Name of Contact Person)

at ( 716 ) 688-0773

(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:  
Complete Physical Rehabilitation, Inc.

SECOND: The document number of the corporation (if known): P97000020857

THIRD: The date dissolution was authorized: 03/15/2011

Effective date of dissolution if applicable: 06/30/2011  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

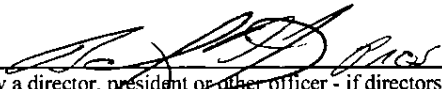
Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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:   
(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)

Bartholomew J. Horrigan  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**

**FILED**  
2011 APR 12 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Complete Physical Rehabilitation, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

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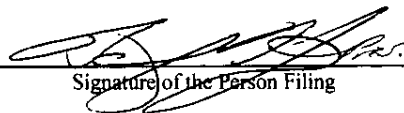
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Bartholomew J. Horrigan  
P.O. Box 858  
Derby, New York 14047

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Bartholomew J. Horrigan  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**