

V43700

Requestor's Name	
632 S.E. First Court	
Address	
Crystal River, FL	32629
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 13 PM 1:22

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-11/13/97--01031--002
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

11-17-97

CC



City/State **Gulf Coast
Aquatic**

Office Use Only

CORPORATE and Rehabilitation Center

NT NUMBER(S), (if known):

1. AQUATIC THERAPY • PHYSICAL THERAPY
OCCUPATIONAL THERAPY • SPEECH THERAPY
SPORTS MEDICINE

Meadowcrest Professional Centre

(Document #)

6043 W. Nordling Loop

Crystal River, FL 34429

(Document #)

Highland Medical Center

800 Medical Court East

Inverness, FL 34452

(Document #)

4. (Corporation Name)

(Document #)

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<input type="checkbox"/>	Other

RECEIVED
97 OCT 31 AM 8:15
DIVISION OF CORPORATIONS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 3, 1997

GULF COAST AQUATIC AND REHABILITATION CENTER
6043 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429

SUBJECT: CITRUS REHAB CONSULTANTS, INC.
Ref. Number: V43700

We have received your document for CITRUS REHAB CONSULTANTS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 097A00053051

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
97 NOV 13 PM 1:22

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

FIRST: The name of the corporation is: Citrus Rehab Consultants, Inc.

SECOND: The date dissolution was authorized: 8/15/97

THIRD: 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 vote of 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)

Signed this 30th day of October, 19 97

Signature

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Ghislain Gonsette

(Typed or printed name)

President

(Title)