



Form Revision Date 07/2016

## CERTIFICATE OF DISSOLUTION

For use by DOMESTIC PROFIT CORPORATION

*Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned executes the following Certificate:*

The identification number assigned by the Bureau is:

800491826

The name of the corporation:

SUNSHINE REHAB SERVICES, INC.   


The dissolution was proposed and approved by agreement among the shareholders in accordance with section 488 of 1972 PA 284.

This document must be signed by an authorized officer or agent.

Signed this 3rd Day of May, 2018 by:

Signature	Title	Title if "Other" was selected
Mohammad A. Qazi	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

 Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** CERTIFICATE OF DISSOLUTION

***for***

SUNSHINE REHAB SERVICES, INC.

***ID Number:*** 800491826

***received by electronic transmission on*** May 03, 2018 ***, is hereby endorsed.***

***Filed on*** May 03, 2018 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 3rd day of May, 2018.***

***Julia Dale, Director***

***Corporations, Securities & Commercial Licensing Bureau***