

P02000002074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

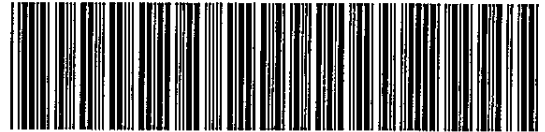
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -9 AM 9 28

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7/16

CORSARO & ASSOCIATES CO., LPA

2001 CROCKER ROAD
GEMINI TOWER II, SUITE 400
CLEVELAND, OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE

June 30, 2004

VIA UPS 1Z F60 R31 22 1001 014 3

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

Re: Dissolution of Tiffany Billing Services, Inc.
Document No.: P02000002074

Dear Sir or Madam:

Enclosed please find Articles of Dissolution submitted for filing on behalf of the above-referenced entity and a Notice of Corporate Dissolution in order to resolve the payment of unknown claims against the entity.

Also enclosed is a check in the amount of \$35.00 as the filing fee for the Articles of Dissolution.

Please contact the undersigned at the address set forth above if you have any questions or need additional information.

Sincerely,
CORSARO & ASSOCIATES CO., LPA

By:  Joseph G. Corsaro, Esq.

MJF/bp

Enclosures

cc: Dr. William B. Dreyer (w/enclosures)
Dr. Daniel DelRowe (w/enclosures)
E. Michael Gorman, CPA (w/enclosures)

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 Department of State: Tiffany Billing Services, Inc.

SECOND: The document number of the corporation (if known): P02000002074

THIRD: The date dissolution was authorized: December 31, 2003

Effective date of dissolution if applicable: December 31, 2003
(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 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 _____ day of _____, _____.

Signature: William B. Dreyer
(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)

William B. Dreyer
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
04 JUL -9 AM 9:28
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: Tiffany Billing Services, 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:

Name of Claimant;

Date of Claim;

Amount of Claim;

Description of Claim

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

Corsaro & Associates Co., LPA

Attn: Joseph G. Corsaro, Esq.

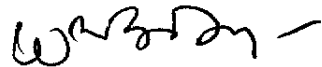
2001 Crocker Road, Suite 400

Westlake, Ohio 44145

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.

William B. Dreyer

Printed Name of the Person Filing



Signature of the Person Filing