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LAZARUS CORPORATE FILIN	G SERVICE
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MIAMI, FLORIDA (305)552-5973	
	OFFICE USE ONLY
CORPORATION NAME(s) & DO	CUMENT NUMBER(S) (if known):
1. <u>LUCCI9D</u> /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CALSERVICES INC.
<b>2.</b>	, saddinancy,
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS
Profit :	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation —	Limited Partnership
h	Reinstatement
	Trademark

Other

Examiner's Initials

## ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION	
,		of soll Ex
		TALLET 14 PH
Pursuant to following ar	ARTICLES OF DISSOLUTION  Section 607.1403, Florida Statutes, this Florida profit corporaticles of dissolution:	ation submits the STATE
•		
FIRST:	The name of the corporation is: Lucero Medica	al Services
INC	·-	
SECOND:	The date dissolution was authorized: 9-13-0 4	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	solution was approved by the shareholders. The number of vo- sufficient for approval.	tes cast for dissolution
☐ Diss	solution was approved by vote of the shareholders through vot	ing groups.
	The following statement must be separately provided for each vontitled to vote separately on the plan to dissolve:	oting group
The	number of votes cast for dissolution was sufficient for approva	al by
National Control	(voting group)	
Sign	ned this /3 day of Sept	<u>, 2004</u> .
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other off	
	(By the Chairman or Vice Chairman of the Board, President, or other off	icer)
	A Fonso Siriano (Typed or printed name)	

(Title)