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OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE **3320 S.W. 87 AVENUE** MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy. Mail out | Will wait Certificate of Status Photocopy **AMENDMENTS** NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Repotit Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF DISSOLUTION

OS MAR -4

PM 12: 54

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

•	
FIRST:	The name of the corporation is: KENDALL HEALTH CARE POINTCOR
SECOND:	The date dissolution was authorized: $12-31-2.004$
THIRD:	Adoption of Dissolution (CHECK ONE)
	olution was approved by the shareholders. The number of votes cast for dissolution ufficient for approval.
Disso	plution was approved by vote of the shareholders through voting groups.
	e following statement must be separately provided for each voting group titled to vote separately on the plan to dissolve:
The n	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	d this 3 day of MARCH, 2005
Signature	Laturelle)
	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	THME KOTAS (Typed or printed name)
	VICE-PREIDEXIT

(Title)