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850-617-6661

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INVOICE

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07/9/2010 3:19:07 PM PAGE 1/001 Fax Server



August 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUE THERAPY, INC
6555 NW 36 ST, DDA 2419
VIRGINIA GARDEN, FL 33166

SUBJECT: BLUE THERAPY, INC
REF: P09000077073

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6964

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000178940
Letter Number: 710A00019094

2010 AUG -9 11:30 AM

TALLAHASSEE, FLORIDA

H10000178940
ARTICLES OF DISSOLUTION

FILED
2010 AUG -9 AM 9:59
ALLIANCE COUNTY FLORIDA

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 Florida Department of State:

Blue Therapy, Inc

SECOND: The document number of the corporation (if known): P030000071015

THIRD: The date dissolution was authorized: 7/28/10

Effective date of dissolution (if applicable): 4/29/10
(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 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

G. O. Oliva
(voting group)

Signature: G. O. Oliva
(By a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary).

Grisel Oliva - Bry
(Typed or printed name of person signing)

V.P.
(Title of person signing)