

301122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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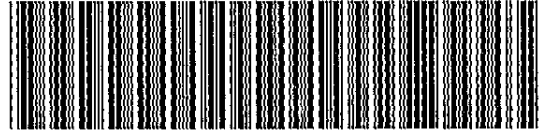
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/19/05--01050--020 **43.75

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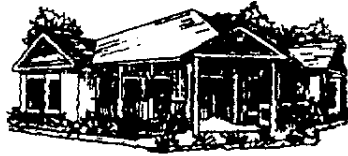
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TALLAHASSEE, FLORIDA

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A.S.

BRANDON J. RAFOOL, L.L.C.
ATTORNEY AT LAW

Brandon J. Rafool



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Winter Haven, Florida 33880
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Winter Haven, Florida 33883-7286
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Telecopier: (863) 295-9702

December 16, 2005

Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: MEDICAL OFFICES, INC.

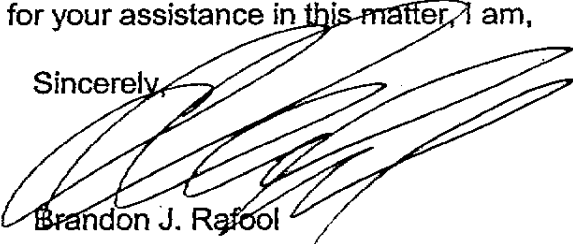
Dear Sir or Madam:

Enclosed herewith in connection with the above-referenced matter, please find the Articles of Dissolution, together with Statement of Intent to Dissolve. I also enclose a check in the amount of \$43.75, allocated as follows:

Filing Fee:	\$35.00
Certified copy:	8.75
TOTAL:	\$43.75

Thanking you in advance for your assistance in this matter, I am,

Sincerely,


Brandon J. Rafool

BJR:uic
Enclosures

**ARTICLES OF DISSOLUTION
PURSUANT TO SECTION 607.1403
OF THE FLORIDA STATUTES**

Pursuant to the provisions of Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts the following Articles of Dissolution for the purpose of dissolving the Corporation:

1. The name of the Corporation is **MEDICAL OFFICES, INC.**
2. Dissolution was authorized on 12-15, 2005.
3. The number of shares cast by proper class of shareholders in favor of dissolution was sufficient for approval.

DATED this 15 day of December, 2005.

MEDICAL OFFICES, INC.


JAY C. STINE, JR., President

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CLERK OF STATE
TALLAHASSEE, FLORIDA

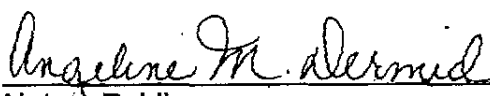
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STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared, JAY C. STINE, JR., as President of MEDICAL OFFICES, INC., to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same, who is personally known or, who produced _____, as identification; and that he affixed thereto the official seal of said Corporation and that said instrument is the act and deed of said Corporation.

WITNESS my hand and official seal in the County and State last aforesaid, this 15 day of December, 2005.


Notary Public
My Commission Expires:



ANGELINE M. DERMID
MY COMMISSION # DD 440637
EXPIRES: October 14, 2009
Bonded Thru Budget Notary Services


**STATEMENT OF INTENT TO DISSOLVE
BY THE SHAREHOLDERS
OF
MEDICAL OFFICES, INC.**

Pursuant to the provisions of Section 607.1402(6) of the Florida Statutes, the undersigned Corporation submits the following statement of intent to dissolve the Corporation upon written consent of its shareholders:

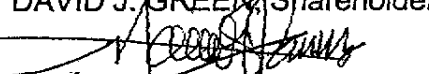
1. The name of the Corporation is **MEDICAL OFFICES, INC.**
2. The shareholders of the Corporation hereby authorize the dissolution of the Corporation, acting in accordance with Section 607.0704.

DATED this 9 day of December, 2005.

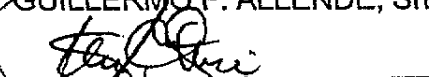

FRANK J. THORNTON, Shareholder

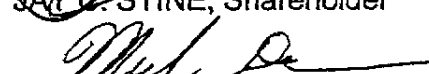

JOHN W. MOORE, Shareholder

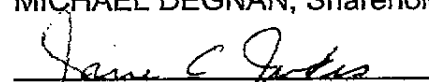

DAVID J. GREEN, Shareholder


MANUEL G. JAIN, Shareholder


GUILLERMO F. ALLENDE, Shareholder


JAY C. STINE, Shareholder


MICHAEL DEGNAN, Shareholder


JANE C. JUKES, Shareholder