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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575 DIVISION OF CORPORATIONS

MINOV 18 AM 9: 05

DISSOLUTION OR WITHDRAWAL

HUMMER WHOLE HEALTH MANAGEMENT, INC.

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| | TO TRANSACT BUSINESS OR CONDUCT AFF | |
|--|---|---------------------|
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| HUMM | IER WHOLE HEALTH MANAGEMENT, INC. | |
| | (Name of Corporation) | 7 |
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| | F0100000761 | |
| _ _ | (Document Number of Corporation (if known) | , |
| | _ , | |
| | Delaware (Incorporated Under Laws of) | |
| voluntarily surrend | s no longer transacting business or conducting affairs within the Sters its authority to transact business or conduct affairs in Florida. | |
| voluntarily surrend This corporation re appoints the Depar | | t service on its be |
| voluntarily surrend This corporation re appoints the Depar time it was authoric | ers its authority to transact business or conduct affairs in Florida. evokes the authority of its registered agent in Florida to accept tment of State as its agent for service of process based on a cause | t service on its be |
| voluntarily surrend This corporation re appoints the Depar time it was authoric The following is a | ers its authority to transact business or conduct affairs in Florida. evokes the authority of its registered agent in Florida to accept transact business or conduct affairs in Florida. | t service on its be |
| voluntarily surrend This corporation is appoints the Departime it was authorize The following is a 205 | ers its authority to transact business or conduct affairs in Florida. evokes the authority of its registered agent in Florida to accept timent of State as its agent for service of process based on a cause zed to transact business or conduct affairs in Florida. current mailing address for the corporation: Miller Springs Court | t service on its be |

FILING FEE \$35

PETER M. 14072 (Typod or prioded name of person signing)