

F15223

Chapter Number Only

VALIDATION ONLY

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99 JUN -9 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Peter Gruber

Requestor's Name

9100 South Dadeland Blvd

Address

Miami, FL 33156 #910

City

State

ZIP

Phone

(305) 670 1010 B

CORPORATION(S) NAME

400002899114--5  
-06/09/99--01039--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Medical Trading associates, INC.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           |   |   |
| <input type="checkbox"/> Foreign             | <input checked="" type="checkbox"/> Dissolution | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up         |
|  |   | <input type="checkbox"/> Mail Out                   |

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Acknowledgment
W.P. Verifier

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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C. COULLETTE JUN 09 1999



Empire Toll Free: 1-800-432-3028

**ARTICLES OF DISSOLUTION**  
**MEDICAL TRADING ASSOCIATES, INC.**

We, the undersigned, President and Secretary of **MEDICAL TRADING ASSOCIATES, INC.**, a corporation duly organized under the laws of the State of Florida, do hereby for the purpose of complying with the provisions of 607.267 of the laws of the State of Florida, in relation to the Voluntary Dissolution of Corporations, execute these Articles of Dissolution and do hereby make the following statements as required by Florida law:

1. The name of the corporation is **MEDICAL TRADING ASSOCIATES, INC.**

2. The names and respective addresses of its officers are as follows:

Walter R. Shikany, Jr. - President  
4906 S.W. 72<sup>nd</sup> Avenue  
Miami, Florida 33155

Terri R. Shikany - Secretary  
4906 S.W. 72<sup>nd</sup> Avenue  
Miami, Florida 33155

3. The names and respective addresses of its directors are as follows:

Walter R. Shikany, Jr. - Director  
4906 S.W. 72<sup>nd</sup> Avenue  
Miami, Florida 33155

Terri R. Shikany - Director  
4906 S.W. 72<sup>nd</sup> Avenue  
Miami, Florida 33155

4. All debts, obligations and liabilities of the corporation have been paid and there are no outstanding debts, obligations and liabilities of the corporation.

5. All other remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.

6. There are no actions pending against the corporation in any court.

7. The corporation has elected to dissolve by written consent of all shareholders, a copy

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of which said written consent to dissolve signed by all of the shareholders of the corporation is attached hereto and made a part hereof.

Attested to:

Jose Martinez  
Jose Martinez  
Maria Pilar Salgado  
Maria Pilar Salgado

Walter R. Shikany  
Walter R. Shikany, President  
Terri R. Shikany  
Terri R. Shikany, Secretary

STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

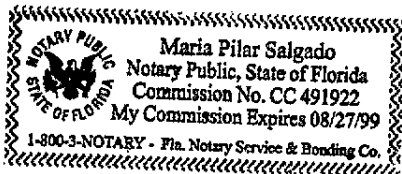
The foregoing instrument was acknowledged before me this 7 day of June, 1999 by **Walter R. Shikany and Terri R. Shikany**, President and Secretary respectively of Medical Trading Associates, Inc., who personally appeared before me at the time of notarization and are personally known to me or who produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Maria Pilar Salgado  
Notary Public, State of Florida

MARIA PILAR SALGADO  
(Print Name of Notary Public)

My Commission Expires:

(Seal)

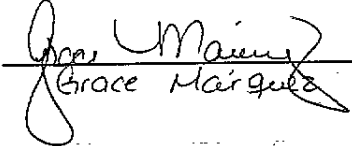


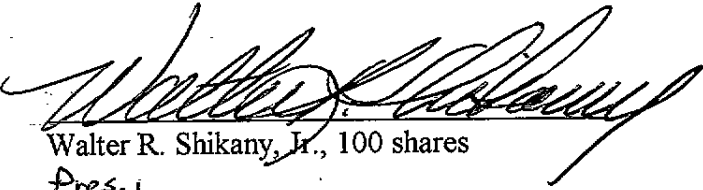
**WRITTEN CONSENT OF SHAREHOLDERS OF**  
**MEDICAL TRADING ASSOCIATES, INC.**  
**TO DISSOLVE CORPORATION**

I, the undersigned, the holder and owner of record of all of the issued and outstanding shares of stock of MEDICAL TRADING ASSOCIATES, INC., a corporation duly organized under the laws of the State of Florida, owning the number of shares set opposite my name, respectively, and entitled to vote on the dissolution thereof, do hereby consent that the said corporation be dissolved forthwith, pursuant to Florida law, and I do hereby sign this instrument for the purpose of signifying such consent in writing as required by Florida law.

In Witness Whereof, I have hereunto set my hand and seal, and opposite thereto the number of shares of stock held by me, respectively, this 7 day of June, 1999.

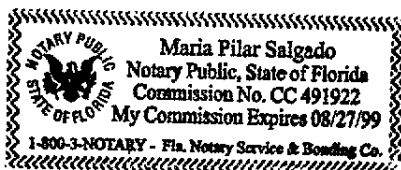
Attested to:


  
Grace Margules

  
Walter R. Shikany, Jr., 100 shares  
Pres.

STATE OF FLORIDA                     )  
  : §  
COUNTY OF MIAMI-DADE         )

The foregoing instrument was acknowledged before me this 7 day of June, 1999 by **Walter R. Shikany**, being the sole shareholder of Medical Trading Associates, Inc., who personally appeared before me at the time of notarization and who is personally known to me or who produced \_\_\_\_\_, as identification, and who did/did not take an oath.



  
Notary Public, State of Florida

MARIA PILAR SALGADO  
(Print Name of Notary Public)

My Commission Expires: