FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 24, 1999

Mrs. Myron Geren 620 Carion Rd. Naples, FL 34108-2642

SUBJECT: THERAPY CONCEPTS, INC.

Ref. Number: J34247

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你我能够是我们的。 医非不足症

We have received your document for THERAPY CONCEPTS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return a copy of this letter along with your document to ensure proper handling.

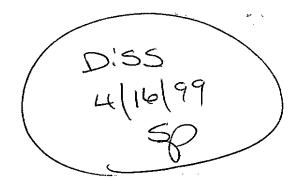
If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne Senior Section Administrator

Letter Number: 199A00014674

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ARTICLES OF DISSOLUTION

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

FIRST:	The name of the corporation is: THERAPY CONCEPTS, 2NO
	The date dissolution was authorized:
THIRD:	Adoption of Dissolution (CHECK ONE)
	plution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Disse	olution was approved by vote of the shareholders through voting groups.
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	d this
Signature _	Jeanne Sgenen
	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	JEANNE S. GEREN (Typed or printed name)
	(Typed or printed name)
	PRESIDENT (Title)
	(Title)