## Requester's Name MEDICAL MOVENS 3728 SPRING LEAF LN ACWORTH, GA 30101 City/State/Zip Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #)	*****35.00 *****35.00
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☐ Walk in ☐ Pick up time	- 	☐ Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy	☐ Certificate of Status
NEW FILINGS	AMENDMENTS	
		<b>7</b>
☐ Profit ☐ Not for Profit	Amendment  Resignation of P	A., Officer/Director
Limited Liability	Change of Regist	
Domestication	Dissolution With	.orod 1150iii
☐ Other	Merger	E PE
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OTHER FILINGS	REGISTRATION/Q	UALIFICATION ::
☐ Annual Report	☐ Foreign	7
☐ Fictitious Name	Limited Partnersh	hip
	Reinstatement	
	Trademark	
	☐ Other	1

Examiner's Initials  ${\cal L}$ 

CR2E031(7/97)

## ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation is: MEDICAL MIOVERS, LIVE,
FEIN	59-278355-4
SECON	D: The date dissolution was authorized: TAN / 2000
THIRD:	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 vote of 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
	All ShaneHoldons (voting group)
:	Signed this 14th day of September, 3000 3
Signatu	re Web I Rep
	William A Shields (Typed or printed name)
	PRESIDENT (Title)