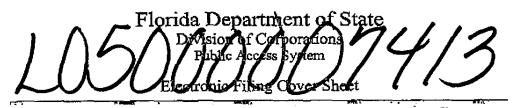
Division of Corporations



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(((H06000066453 3)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : KLUGER, PERETZ, KAPLAN & BERLIN, P.A.

Account Number : I19990000171 Phone : (305)379-9000 Fax Number : (305)341-3083

06 MAR 13 PH 3:

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HEALTHSTAR USA, LLC

Certificate of Status	0
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Kluger, Peretz, Kaplan & Berlinger



March 13, 2006

FAX COVER SHEET

To: Division of Corporations

From: Mirna Hormechea

Fax: (850) 205-0383

Tel.#: (305) 341-3044

Tel.#:

Fax#: (305) 351-3801

Re: (((H06000066453 3)))

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Message:

Please see attached transmittal letter regarding filing the Articles Dissolution of Healthstar

USA, LLC

Please contact Mirna Hormechea at 305-341-3044 with any questions. Please fax all communications to 305-351-3801.



(((H06000066453 3)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
HEALTHSTAR USA, LLC	
2. The Articles of Organization were filed on Janu	eary 25, 2005 and assigned document number
L05000007413	
3. The date the dissolution was approved: March	10, 2006 mited liability company's dissolution pursuant to section cover letter).
 A description of occurrence that resulted in the lir 608.441, Florida Statutes, (copy 508.441 on back 	mited liability company's dissolution pursuant to section cover letter).
Written consent of Members.	
5. CHECK ONE:	51
All debts, obligations and liabilities of the	e limited liability company have been paid or discharged.
Adequate provision has been made for the	e debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distri- rights and interests. 	Buted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the cor-	mpany in any court.
	e satisfaction of any judgment, order or decree which may be
natures of the members having the same percentage	of membership interests necessary to approve the dissolution
Signature	Printed Name
Ja Sellinad	James A. Merriman
<u> </u>	

FILING FEE: 525.00