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MARK EVANS KASS

OF COUNSEL

WARREN S. WEPMAN

L53045

December 29, 1997

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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-01/05/98--01065--016
*****70.00 *****70.00

ATTN: Charter Section

RE: American Artificial Limb and Brace, Inc. and Reid Orthotics and Prosthetics, Inc.

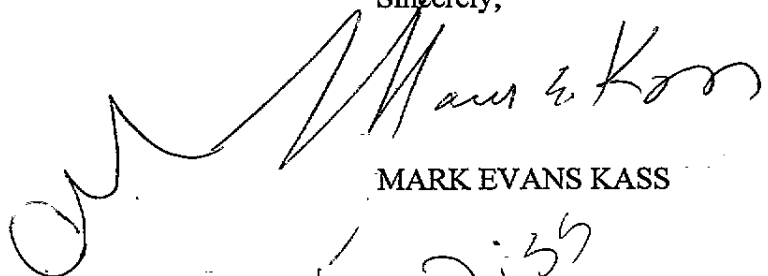
Dear Sir/Madam:

Enclosed please find the original executed Articles of Dissolution of the above referenced corporations along with the Shareholders Consents attached thereto.

I have enclosed this office's check for \$70.00 for the filing fee in this matter and have also enclosed copies of the said documents and a return envelope for stamped copies to be returned to this office.

Thank you for your attention to this matter.

Sincerely,



MARK EVANS KASS

MEK/cs

cc: Robert B. Reid
Karen Wardzinski

98 JAN -5 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

L53045
FD Diss
Apr 8
1-5-98


ARTICLES OF DISSOLUTION OF AMERICAN ARTIFICIAL LIMB AND BRACE, INC.

1. The name of this corporation is American Artificial Limb and Brace, Inc.
2. The names and respective addresses of its officers are:

Robert B. Reid, President, 4770 Biscayne Blvd., Suite 30, Miami, FL 33137

Otmara Reid, Secretary, 4770 Biscayne Blvd., Suite 30, Miami, FL 33137
3. All debts, obligations and liabilities of the corporation have been paid, discharged or adequate provision has been made therefor.
4. All the remaining property and assets of the corporation have been distributed to its shareholders in accordance with their respective rights and interests.
5. There are no actions pending against the corporation in any Court.
6. The written consent of all of the shareholders of the corporation is attached hereto.

DATED this 24 day of December, 1997.



Robert B. Reid, President



Otmara Reid, Secretary

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, personally appeared Robert B. Reid and Otmara Reid, President and Secretary, respectively, of American Artificial Limb and Brace, Inc., and acknowledged to me that they executed the foregoing Articles of Dissolution and they are personally known to me or who produced _____ as identification.

98 JAN -5 PM 2:47
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in
the state and county aforesaid on this 24 day of December, 1997.

Mark E. Kass

NOTARY PUBLIC, State of Florida
at Large



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN -5 PM 2:47

APPROVED
AND
FILED

**SHAREHOLDERS WRITTEN CONSENT TO VOLUNTARILY DISSOLVE
AMERICAN ARTIFICIAL LIMB AND BRACE, INC.**

The undersigned who are all of the shareholders of American Artificial Limb and Brace,
Inc., hereby consent to the Voluntary Dissolution .

Robert B. Reid
Robert B. Reid, President

Otmara Reid
Otmara Reid, Secretary

STATE OF FLORIDA)

COUNTY OF DADE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN -5 PM 2:47

APPROVED
AND
FILED

BEFORE ME, personally appeared Robert B. Reid and Otmara Reid, President and
Secretary, respectively, of American Artificial Limb and Brace, Inc., and acknowledged to me
that they executed the foregoing Consent to Voluntarily Dissolve and they are personally known
to me or who produced _____ as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in
the state and county aforesaid on this 24 day of December, 1997.

Mark E. Kass
NOTARY PUBLIC, State of Florida
at Large

My commission expires:

