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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

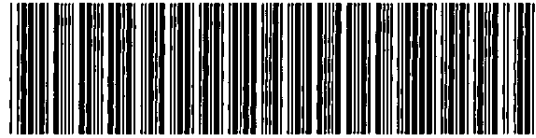
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2008 MAY 29 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Goodman Breen & Gibbs

ATTORNEYS AT LAW

Dorothy M. Breen*
Nancy J. Gibbs*
Kenneth D. Goodman*

3838 Tamiami Trail North, Suite 300
Naples, Florida 34103
(239) 403-3000
Fax (239) 403-0010

*Board Certified Attorney in
Wills, Trusts & Estates Law

May 8, 2008

VIA FEDERAL EXPRESS

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **Dr. Dan & Jo Rousseau Charitable Foundation, Inc.**
Document No. N00000003013

Dear Sir or Madam:

Enclosed for the above-referenced non-profit corporation are the Articles of Dissolution and a check in the amount of \$52.50, representing the appropriate filing fee, Certificate of Status fee and Certified Copy fee (additional copy is enclosed), payable to the Florida Department of State. Please have the Articles filed expeditiously.

Please notify the undersigned upon completion of the above by returning the enclosed Articles, file stamped. If for any reason the above is not acceptable for filing, please advise the undersigned by telephone at (239) 403-3000.

Thank you for your assistance in this matter.

Sincerely,



Heather S. Birmingham
Legal Assistant

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DR., DAN & JO ROUSSEAU CHARITABLE FOUNDATION, INC.

DOCUMENT NUMBER: N00000003013

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEATHER S. BIRMINGHAM

(Name of Contact Person)

GOODMAN BREEN & GIBBS

(Firm/Company)

3838 TAMiami TRAIL NORTH, SUITE 300

(Address)

NAPLES, FLORIDA 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

HEATHER S. BIRMINGHAM

(Name of Contact Person)

at (239) 403-3000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2008 MAY 29 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

DR. DAN & JO ROUSSEAU CHARITABLE FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N00000003013

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

The date of the meeting of members at which the resolution to dissolve was adopted
May 1, 2008. The number of votes cast by the
members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in
accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was
_____ for and _____ against. (must be a majority vote)

FOURTH:

Effective date of dissolution if applicable: May 1, 08

(no more than 90 days after dissolution file date)

Signature

Daniel L. Rousseau MD

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

DANIEL L. ROUSSEAU

(Typed or printed name of the person signing)

DIRECTOR

Daniel L. Rousseau MD

(Title of person signing)

FILING FEE: \$35