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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 Phone : (727)441-8966

Fax Number : (727)442-8470

DISSOLUTION OR WITHDRAWAL ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.

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## ARTICLES OF DISSOLUTION

Pursuant to a	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Association of Independent Blood Centers, Inc.		
SECOND:	The document number of the corporation (if known): NO2180		
THIRD:	The document number of the corporation (if known): NO2180  Adoption of Dissolution (COMPLETE SECTION I OR II)  SECTION I  If the corporation has members entitled to vote:  (CHECK/COMPLETE ONE)		
	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		
	September 11, 2009 . 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:
- <del>-</del>	(no more than 90 days after dissolution file date)

Signature

(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.)

Roy Bertke

(Typed or printed name of the person signing)

Chairman

(Title of person signing)

FILING FEE: \$35