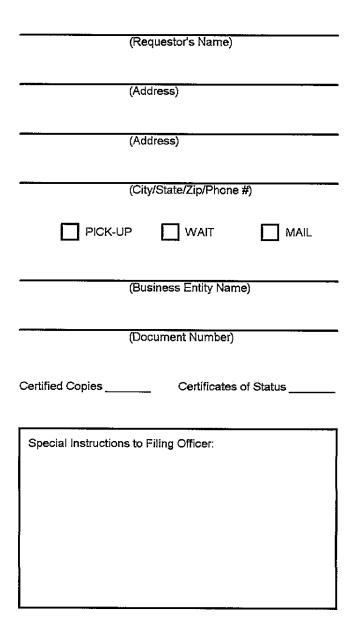
P00000016563

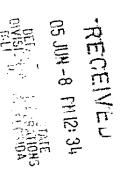


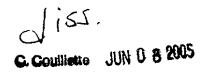
Office Use Only



400055167824

06/08/05--01035--010 **35.00





CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE Address MIAMI, FL 33165 (305) 552-5973 City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS ▶** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other OTHER FILINGS REGISTRATION/OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

LAZARUS

CR2E031(7/97)

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
|----------|--|
| | Medical Courier Systems Inc. |
| SECOND: | The document number of the corporation (if known): POOD 16563 |
| THIRD: | The file date the articles of incorporation: Z 116 00 |
| FOURTH: | (CHECK AT LEAST ONE BOX) |
| | None of the corporation's shares have been issued. |
| | The corporation has not commenced business. |
| FIFTH: | No debt of the corporation remains unpaid. |
| SIXTH: | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) |
| | A majority of the incorporators authorized the dissolution. |
| | A majority of the directors authorized the dissolution. |
| Si | gned this 7 day of June . 7005. |
| Sign | ature: |
| · | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trusted, or other court appointed fiduciary, by that fiduciary.) |
| | Doniel Dicz |
| | (Typed or printed name of person signing) |
| | Vresident |
| | (Title of person signing) |

Filing Fee: \$35