PARAMOUNT PLAZA SUITE 300 14502 N. DALE MABRY HIGHWAY TAMPA, FLORIDA 33618-2072

PHONE: (813) 265-0004 FAX: (813) 265-9644 JEFFREY A. AMAN JOSEPH C. BODIFORD D. MICHAEL LINS

P0000057794

September 22, 2000

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

100003405731---7 09/27/00-01077-011 *****35.00 ******35.00

Re: Medical Innovative Services, Inc.

Our File No. 2185.1

Dear Sir or Madam:

Enclosed please find two originals of the Articles of Dissolution for the above-referenced corporation. Also enclosed is a check payable to the Secretary of State in the amount of \$35.00 for the filing fee. Please file the Articles of Dissolution and return a file-stamped original to our office.

Thank you for your assistance in this matter. Please call me if you have any questions.

Very truly yours,

AMAN, LINS & BODIFORD, P.A.

By:

D. Michael Lins, P.A

DML/tln Enclosures

cc: Ms.

Ms. Marina Vieco (w/encls.)

Mr. Jeffrey Sage (w/encls.)

OO SEP 27 PM 5: 06
SECRETARY OF STATE
FALLAHASSEE FLORIDA

Vdl. Diss.

T BROWN OCT - 3 2000

OOSEP 27 PH STOS Pursuant to Section 617.1403 Florida Statutes, this corporation submits following Articles of Dissolution:

The name of the corporation to be dissolved: Medical Innovative Services, Inc.

The date of the meeting of shareholders and directors at which the resolution to dissolve was adopted was the 18th day of August, 2000.

The resolution was adopted by unanimous written consent and vote of all of the shareholders and directors of the corporation and was executed in accordance with 617.0701, Florida Statutes.

The consent and vote was given by the requisite number of shareholders and directors to accomplish the approval of the dissolution.

day of August, 2000. M. Sage, President, Shareholder and Director Marina S. Vieco, Secretary, Shareholder and Director

STATE OF FLORIDA COUNTY OF HILLSBURAGH

September 2000 by Jeffrey M Same D Reference The foregoing instrument was acknowledged before me this 22nd 2000 by Jeffrey M. Sage, as President, Shareholder and Director of who is personally known to Medical Innovative Services, Inc Florida Driver's License me or who has produced identification.

Signature of person taking acknowledgment

My commission expires:



STATE OF FLORIDA COUNTY OF HILLSBOROUGH

September foregoing August, 2000 by Medical Innovat	Sive. Services.	.Inc.	who is pe	s <u>22h</u> day and Director ersonally known	of of to
me or who has produc	ed Florida	a priver's Li	cense		as
identification.		D	1 Mi	e loon	

Signature of person taking acknowledgment My commission expires:

