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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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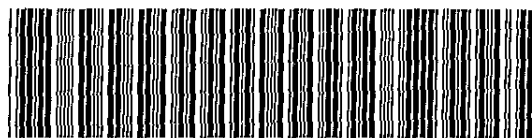
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/17/03
AR-tia

PRECISION HEALTH EDUCATION ASSOCIATES INC
8460 SW 181 ST
Miami, FL 33157

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


9/12/03

Dear Sir/ Madam,

This letter is being sent to inform you that Precision Health Education Associates, Inc. has ceased all operations at this time. We have enclosed the form indicated for official dissolution of the corporation with the required signature and attached fee.

Thank you for your assistance in this matter.

Sincerely


E. Gail Tracy
President

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: Precision Health Education
Associates INC. Doc # 000008-0971

SECOND: The filing date of the articles of incorporation was: 8/22/03

THIRD: (CHECK ONE)

- ☒ None of the corporation's shares have been issued.
- ☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- ☒ A majority of the incorporators authorized the dissolution.
- ☐ A majority of the directors authorized the dissolution.

Signed this 8th day of September, 2003.

Signature

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Eleanor Gail Tracy
(Typed or printed name)

OWNER / President
(Title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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