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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : BASIC ACCOUNTING SERVICES

Account Number : I20020000083 Phone : (305)887-4185 Fax Number : (305)887-5018 SECRETARY OF STATE TALLAHASSEE, FLORIDA

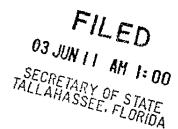
DISSOLUTION

HEALTH MEDICAL SERVICES OF SOUTH FLORIDA, INC.

33 JUN 1 | AM 7: 56

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation is: HEALTH MEDICAL SERVICE | JES OF |
|-------------|---|----------------------|
| | SOUTH FLORIDA, INC. | |
| SECOND: | The date dissolution was authorized: 6-10-2003 | |
| THIRD: | Adoption of Dissolution (CHECK ONE) | |
| | solution was approved by the shareholders. The number of votes sufficient for approval. | cast for dissolution |
| Diss | solution was approved by vote of the shareholders through voting | groups. |
| T es | he following statement must be separately provided for each voti ntitled to vote separately on the plan to dissolve: | ng group |
| The | number of votes cast for dissolution was sufficient for approval b | уу |
| | (voting group) | |
| Sig | med this 11TH day of JUNE | 2003 |
| Signature _ | (Purk Ch.) | |
| | (By the Chairman or Vice Chairman of the Board, President, or other officer) | |
| | MARTA PEREZ | |
| | (Typed or printed name) | |
| | PRESIDENT / DIRECTOR | |
| | (Title) | |