

PO1000091018

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(Address)

(Address)

(City/State/Zip/Phone #)

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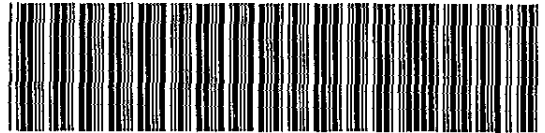
(Business Entity Name)

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03 JUL - 7 PM 3:09
SHOSHONE COUNTY
TALLAHASSEE, FLORIDA

*ADR
7/10/03*

HEALTH CARE EVALUATION SERVICES

"A Pitcher Group Affiliate"

Carmen Lobis

President

27133 Lost Lake Lane
Bonita Springs, FL 34134

Tel. 239.992.3615
Fax 239.949.1298
Email: lobis1@earthlink.net

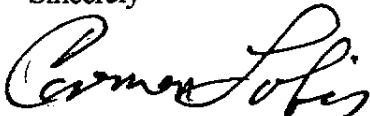
July 3, 2003

Amendment Section, Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Amendment Section, Division of Corporations,

Enclosed are articles of dissolution for Health Care Evaluation Services. If you have any questions please contact me at the above address or phone number.

Sincerely



Carmen Lobis, President

ARTICLES OF DISSOLUTION

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

03 JUL -7 PM 09
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TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: HEALTH CARE EVALUATION
SERVICES, INC.

SECOND: The date dissolution was authorized: 7/2/2003

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 2ND day of JULY, 2003

Signature

Carmen Lobis
(By the Chairman or Vice Chairman of the Board, President, or other officer)

PRESIDENT

(Typed or printed name)

Carmen Lobis

(Title)