

PO1000097302

(Requestor's Name)

Life Medical USA Corporation
3202 NW 7Th Street
Miami, FI 33125-4102

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

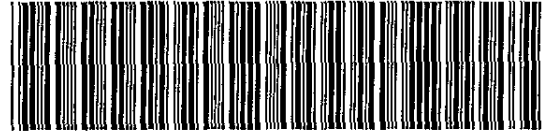
(Business Entity Name)

(Document Number)

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04/09/03--01087--010 **35.00

FILED
03 APR -9 PM 12:10
CLERK OF DISTRICT COURT
STATE OF FLORIDA

PS 4/17/03
0185

FILED

03 APR -9 PM 12:11

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: LIFE MEDICAL USA
CORP.

SECOND: The date dissolution was authorized: 04/04/03

THIRD: Adoption of Dissolution (check one)

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

Dissolution was approved by vote of the share-
holders 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 4th day of APRIL, 2003

LIFE MEDICAL USA CORP.

(Corporation Name)

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

FRANK E. ELISSALT
(Typed or printed name)

PRESIDENT
(Title)