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ΓO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations SUBJECT: Corporate Dissolution DOCUMENT NUMBER: P02000028982 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ELLIOT OFSOWITZ (Name of Contact Person) (Firm/Company) 568 CALLE FACIL (Address) Sarasota, FL 34238 (City/State and Zip Code) For further information concerning this matter, please call: at (941) 922-7746
-(Area Code & Daytime Telephone Number) **ELLIOT OFSOWITZ** (Name of Contact Person) Enclosed is a check for the following amount: Certified Copy Certificate of Status & Certificate of Status (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS:

Amendment Section \times Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF DISSOLUTION

suant to section 607.1403, Florida Statutes, this Florida profit corporation submits the of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: ALPHA MOBILITY CENTERS OF FLORIDA, INC. The document number of the corporation (if known): P02000028982 SECOND: The date dissolution was authorized: _12/31/2007 THIRD: Effective date of dissolution if applicable: 12/31/2007 (no more than 90 days after dissolution file date) FOURTH: 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 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) Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35

(Title of person signing)