

PO20000031937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

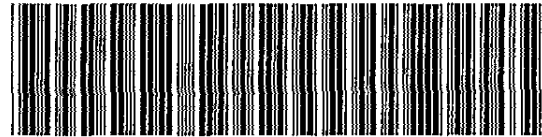
(Document Number)

Certified Copies _____ Certificates of Status _____

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(10) 3/14/04



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FILED
04 MAR 11 PM 1:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

Florida Medical Healthcare Professionals, Inc.
425 S. Chickasaw Trail, #299
Orlando, FL 32825

February 26, 2004

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

FILED
04 MAR 11 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Articles of Dissolution for the following corporation:
Florida Medical Healthcare Professionals, Inc.
EIN: 43-1955709

Dear Sir or Madam:

We are attaching signed Articles of Dissolution for the above named corporation.
According to your instructions, we are providing our telephone number and address:

Telephone number: 407-539-1330
Address: 425 S. Chickasaw Trail #299
Orlando, FL 32825

Also included is a check for \$43.75. This amount represents the \$35 filing fee, plus \$8.75 for a Certificate of Status.

If you have any questions regarding these Articles of Dissolution, please feel free to contact either myself or my accountant, Kathie De Filippo at 407-539-1330; or:

Parks, De Filippo & Associates, P.A.
203 Lookout Place, Suite A
Maitland, Florida 32751

Very truly yours,



Dr. Gregory Rodriguez
Officer

Enclosures

ARTICLES OF DISSOLUTION

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

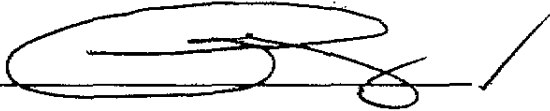
FIRST: The name of the corporation is: Florida Medical Healthcare Professionals, Inc.
EIN: 43-1955709

SECOND: The date of dissolution was authorized: December 31, 2003.

THIRD: The dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Signed this 31st day of December 2003.

Signature



Officer: Florida Medical Healthcare Professionals, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA