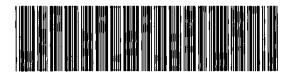
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Dissolve a Florida profit corp.				
DOCUMENT NUMBER: P02000071947				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cesar Prieto				
(Name of Contact Person)				
(Firm/Company)				
4920 Monroe St. (Address)				
Hollywood FL 33021 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Cosci Prioto at (954) 964 3979 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee, Certified Copy (Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:				
	North Medical Ultrasoun	d Corp	pratio		
SECOND:	The document number of the corporation (if known): PO 200071947				
THIRD:	The file date of the articles of incorporation: July 2002				
FOURTH:	(CHECK AT LEAST ONE BOX)				
	None of the corporation's shares have been issued.				
	The corporation has not commenced business.				
FIFTH:	No debt of the corporation remains unpaid.				
SIXTH:	The net assets of the corporation remaining after winding up have been di to the shareholders, if shares were issued.	stributed			
SEVENTH:	Adoption of Dissolution (CHECK ONE)	. IA. 26	\$		
	A majority of the incorporators authorized the dissolution.	2009 JUN 17 SECRETARY I	7		
	A majority of the directors authorized the dissolution.	JUN 17 PM 2: 0 RETARY OF STATE AHASSEE, FLORID	=		
		PH 2: OF STATE. FLORI			
,		2: 0 TATE ORID			
Sign	ature:	» <b>7</b>			
	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorporator - if			
	Cesar Prieto (Typed or printed name of person signing)				
	President. (Title of Person Signing)				

Filing Fee: \$35