

PO2000086658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

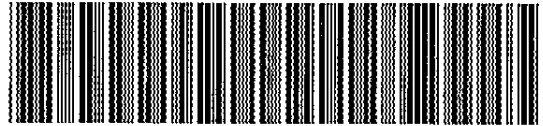
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/03--01041--023 **35.00

FILED
03 JUN 26 AM 8:43
SCOTT COUNTY
IOWA

Voldis
To Lewis 6/27/03

PROMEDCO GROUP, Inc.

P.O. Box 110766
Naples, FL 34108

P.O. Box 14232
Chicago, IL 60614

Telephone: (239) 566-3641
Facsimile: (239) 566-3672

E-mail: PROMEDCOGROUP@aol.com

June 17, 2003

Thelma Lewis
Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Dissolution for PROMEDCO GROUP, Inc.

Ms. Lewis:

Per our phone conversation, please find enclosed the form for Articles of Dissolution for PROMEDCO GROUP, Inc. with the appropriate payment of 35 dollars fee.

In order to avoid any penalty fees and any other unnecessary fees caused by Uniform Business Report, I decided to dissolve this incorporation.

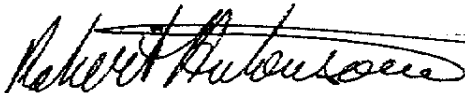
As I mentioned on the phone, I never received any notice and that prompted the need to change of registered office.

Unfortunately this corporation had no activity since the inception; therefore there is no need for registration.

I take this opportunity to thank you for promptly helping with change of registered office and also for help with dissolution.

Should you have any questions regarding this matter, please call me on my cellular at (773) 398-9119 or if you prefer, my voice mail (239) 566-3672.

Thank you,



Robert Antonson, M.E.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROMEDCO GROUP inc.
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ROBERT ANTONSON
(Name of person)

PROMEDCO GROUP inc.
(Name of firm/company)

698 CATAMARAN
(Address)

NAPLES, FL. 34110
(City/state and zip code)

For further information concerning this matter, please call:

ROBERT ANTONSON at (239) 566-3672
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ARTICLES OF DISSOLUTION

FILED
03 JUN 26 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: PROMEDCO GROUP Inc.

SECOND: The date dissolution was authorized: JUNE 15, 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

ROBERT ANTONSON

(voting group)

Signed this 17th day of JUNE, 2003

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

ROBERT ANTONSON

(Typed or printed name)

PRESIDENT

(Title)