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OFFICE USE ONLY (Document #) EXPRESS CORPORATE FILING SERVICE INC. (Requestor's Name) 1000 PONCE DE LEON BLVD. STE: 101 (Address) CORAL GABLES, FL 33134 305-444-4994 (City, State, Zip) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status 500008442205--9 -10/18/02--01030--002 ******35.00 ******35.00 AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION! QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

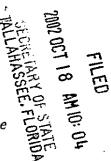
Trademark

Other

C. Coulliette OCT 1 8 2002

Examiner's Initials

ARTICLES OF DISSOLUTION



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

FIRST:	The name of the corporation is: J. A. MEDICAL SUPPLIES I	NC.
SECOND:	The date dissolution was authorized: 10/17/02	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
☐ Dis	solution 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	
,	(voting group)	No. or Sea
Sig	gned this 17 day of October , 2002.	- 16 IL
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	· - v
	JOVANIA L. AVILES (Typed or printed name)	• - •
	PRESIDENT	non en en