

P02000112525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

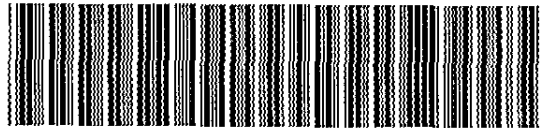
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400039611474

08/03/04 - 01026 - 012 **35.00

FILED
04 AUG -3 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 AUG -3 AM 11:01
STATE
TALLAHASSEE, FLORIDA

Miss

8.000000 AUG 03 2004

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. ODALYS MEDICAL SERVICES, CORP.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 as currently filed with the Department of State:
ADAMS Medical SERVICES, CORP.

SECOND: The document number of the corporation (if known): P02000112525

THIRD: The date dissolution was authorized: 07/02/2004

Effective date of dissolution if applicable:
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)
[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
[] Dissolution was approved by 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)

Signed this 02 day of JULY, 2004

Signature: [Handwritten 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)

HENRY DE LA ROSA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILED
04 AUG -3 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA