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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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LAZARUS CORPORATE F

CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87TH AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

CR2E031(7/97)

Phone #

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal ☐ Merger U Other **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF DISSOLUTION

PURSUANT TO SECTION 607.1403, FLORIDA STATULES, THIS FLORIDA PROFIT CORPORATION SUBITS THE FOLLOWING ARTICLES OF DISSOLUTION:

THE NAME OF THE CORPORATION IS:

FIRST:

_ SPECIA	AL ALTERNATIVE MEDICAL CENTER,INC	F	N-7
SECOND:	THE DATE DISSOLUTION WAS AUTHORIZED: 06/03/20	005	PH 12: 53
THIRD:	ADOPTION OF DISSOLUTION (CHECK ONE)		
NUM	SOLUTION WAS APPROVED BY THE SHAREHOLDERS BER OF VOTES CAST FOR DISSOLUTION WAS SUFFICE OVAL.		R
=:-	SSOLUTION WAS APPROVED BY VOTE OF THE SHARE OUGH VOTING GROUPS.	HOLDEI	RS
	FOLLOWING STATEMENT MUST BE SEPRATELY PROVIDING GROUP ENTITLED TO VOTE SEPRATELY ON THE PLA		
THE FOR APPRO	NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUVAL BY	JFFICIE	NT
	(VOTING GROUP)		
SIGNE	ED THIS 03 DAY OF JUNE 2005.		
SIGNATURE	1 1 20 1 00		
	// ORLANDO M. VASQUEZ		
	(TYPED OR PRINTED NAME)		
	PRESIDENT		
	(TITLE)		