

P03000105643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLA.

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STATE
CORPORATIONS
FLORIDA

diss. w/Not.

C. C. C. OCT 18 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 930589 7361995

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 35.00

ORDER DATE : October 18, 2004

ORDER TIME : 11:04 AM

ORDER NO. : 930589-005

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.
Garcia-oliver & Mainieri, P.a.
Suite 447
782 N.w. Le Jeune Road
Miami, FL 33126

DOMESTIC FILINGS

NAME: NEW GENERATION HEALTH CENTER,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the Corporation is

2. The document number of the corporation is:

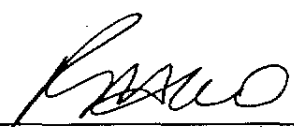
3. The date dissolution was authorized: **September 30, 2004**

6. - The names and respective addresses of the Corporation's Officers are:

7. The names and respective addresses of the Corporation's Directors are:

10. There are no actions pending against the Corporation in any court.

DATED this 30th day of September, 2004.



Raul I. Tano, M.D.

BEFORE ME, the undersigned authority, a person duly authorized to administer oaths and take acknowledgments, personally appeared Raul I. Tano, M.D., known to be the person described in and who executed the foregoing instrument and acknowledged to and before me that he executed said instrument in the capacity and for the purpose therein expressed.

WITNESS my hand and official seal, this _____ day of September, 2004.

NOTARY PUBLIC

My Commission Expires:

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: NEW GENERATION HEALTH CENTER, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Sufficient information should be provided to allow the Corporation to properly
identify any assets of the Corporation which may be subject to the claim, as well as
any documentation that supports or forms the basis for the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

New Generation Health Center, Inc.

c/o Garcia-Oliver & Mainieri, P.A.

782 N.W. Le Jeune Rd., Suite 447

Miami, Florida 33126

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Raul I. Tano, M.D.

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00