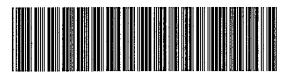
## P03000127483

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Attornays FOR Responsible Medicine		
DOCUMENT NUMBER: <u>P03000127483</u>		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
William H. Gle (Name of Contact Person)		
Mayfield & Ogle, P.A. (Firm/Company)		
P. O. Box 337		
(Address)		
Ormand Blach, FL 32175-0337 (City/State and Zip Code)		
For further information concerning this matter, please call:		
William Ogle at (386) 677-0114  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & \$\times \text{\$43.75 Filing Fee & \$\times \text{\$52.50 Filing Fee,}\$}\$  Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

SECRETARY OF STATE
DIVISION OF CORPORATIONS

## ARTICLES OF DISSOLUTION

06 APR 21 PM 3: 34

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of	the corporation as currently filed with the Florida Department of State:	
Attorn	eys For Responsible Medicine, Inc.	
SECOND: The documen	t number of the corporation (if known): PD 3000 127483	
THIRD: The file date	the articles of incorporation: 11/30/03	
FOURTH: (CHECK AT	LEAST ONE BOX)	
. No	ne of the corporation's shares have been issued.	
🔀 The	e corporation has not commenced business.	
FIFTH: No debt of the	corporation remains unpaid.	
SIXTII: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH: Adoption of Dissolution (CHECK ONE)		
□ A t	najority of the incorporators authorized the dissolution.	
A majority of the directors authorized the dissolution.		
·		
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, systec, or other court appointed fiduciary, by that fiduciary.)		
_	William H. Ogle (Typed or printed name of person signing)	
	Divisor (Title of Person Signing)	

Filing Fee: \$35