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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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DISSOLUTION OR WITHDRAWAL

FONTAINEBLEAU MEDICAL SUPPLIES, INC.

| Certificate of Status | <u> </u> | . 0 |
|-----------------------|----------|---------|
| Certified Copy | 1 | 0 |
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2/19/2008 4:43 PM

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FREM. LAZARUS

FAX NO. :3052201440

H-08000043481

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 Plonda Department of State: FONTAINEDIELU MEDICAL SUPPLIES, ZNC. | | |
|---------|---|---------------------------------|--|
| SECOND: | The document number of the corporation (if known): POYDOOD | 62234 | |
| THRD: | The date dissolution was anthorized: 02/19/08. | | |
| | Effective date of dissolution if applicable: (ao mure than 90 days after dissolution | i (Ilo data) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | for dissolution | |
| | Dissolution was approved by the shareholders through voting groups. | | |
| · | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: | entitled | |
| | The number of votes cast for dissolution was sufficient for approval by | | |
| | · | 70 o | |
| | (voting group) | BCR T | |
| | | 08 FEB 19 PK | |
| ł | 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 resciver, trustee, or other court appointed tiduciary, by that fiduciary) | PM 4: 43 Y OF STATE SEE. FLORIO | |
| | PAVEL CABRETA | | |
| | (Typed or printed name of porson signing) | · · | |
| | PRECIDENTE, | • | |
| | (Title of person signing) | | |

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