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To:

Division of Corporations

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: (850)205-0380

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335
Phone: (305)599-0839
Fax Number: (305)716-0346

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DISSOLUTION

JOHNSON MEDICAL CENTER II CORP.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2005

JOHNSON MEDICAL CENTER II CORP. 2531 NORTH DIXIE HWY LAKE WORTH, FL 33460

SUBJECT: JOHNSON MEDICAL CENTER II CORP.

REF: P04000067959

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Darlene Connell Document Specialist FAX Aud. #: H05000085662 Letter Number: 105A00024111

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 Florida Department	of State:
	Johnson Medical Center II Corp.	
SECOND:	The document number of the corporation (if known): P04000067959	
THIRD:	The date dissolution was authorized: 04-05-2005	
	Effective date of dissolution if applicable: 04-05-2005 (no more than 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for dissolution
	Dissolution was approved by of the shareholders through voting groups.	E 5
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	\$ 70 CO
	The number of votes cast for dissolution was sufficient for approval by	PR ST
	(voting group)	
	Signed this 05 day of April 2005	. >>
	Signature: (By a director, president or other sificor - if directors or officers have not been selected, by an incorporator - if in the headshif a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	Rosa Genao	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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