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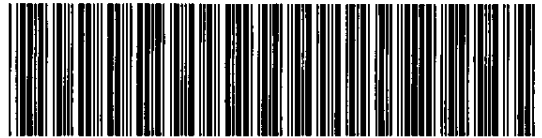
(Business Entity Name)

(Document Number)

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RECEIVED
07 JAN -3 AM 10:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2007 JAN -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/3/07

**LAZARUS
CORPORATE FILING SERVICE**

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DESTINY MEDICAL CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

FILED

ARTICLES OF DISSOLUTION

2007 JAN -3 PM 3:40

PURSUANT TO SECTION 607.1403, FLORIDA STATUTES, THIS FLORIDA PROFIT CORPORATION SUBITS THE FOLLOWING ARTICLES OF DISSOLUTION: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: THE NAME OF THE CORPORATION IS: _____

_____ DESTINY MEDICAL CENTER, INC. _____

SECOND: THE DATE DISSOLUTION WAS AUTHORIZED: 12/18/2006

THIRD: ADOPTION OF DISSOLUTION (CHECK ONE)

* DISSOLUTION WAS APPROVED BY THE SHAREHOLDERS. THE
NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT FOR
APPROVAL.

* DISSOLUTION WAS APPROVED BY VOTE OF THE SHAREHOLDERS
THROUGH VOTING GROUPS.

*THE FOLLOWING STATEMENT MUST BE SEPRATELY PROVIDED FOR
EACH VOTING GROUP ENTITLED TO VOTE SEPRATELY ON THE PLAN TO
DISSOLVE:*

THE NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT
FOR APPROVAL BY

Dania Lima
(VOTING GROUP)

SIGNED THIS 18 Day of December 2006.

SIGNATURE _____
(BY THE CHAIRMAN OR VICE CHARIMAN OF THE BOARD, PRESIDENT, OR OTHEER OFFICER)

DANIA LIMA

(TYPED OR PRINTED NAME)

DIRECTOR

(TITLE)