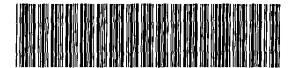
P0400084212

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Filotte #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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Cartification of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

Division of Corporations					
subject: Articles of Dissolution					
DOCUMENT NUMBER: PO 40000 84212					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ian H. Jones					
(Name of Person)					
Speech Pathology Services, Inc					
(Name of Firm/Company)					
129 Sea Oats Dr.					
Panama City Beach, FL 32913					
(City/State/and Zip Code)					
For further information concerning this matter, please call:					
Tun Jones at (850) 624-5091 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$35 Filing Fee \$\ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\					
MAILING ADDRESS: STREET ADDRESS:					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 409 E. Gaines Street					
Tallahassee, Florida 32314 Tallahassee, Florida 32399					

ARTICLES OF DISSOLUTION

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	:	
	Speech Pathology Services, Inc.		
SECOND:	The document number of the corporation (if known): PO 4000084212		
THIRD:	The file date the articles of incorporation: 5/27/04		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	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 majority of the incorporators authorized the dissolution.	051	
	A majority of the directors authorized the dissolution.	05 NAY 13	- -
Si	igned this 31 day of December , 2004.	0h:21114	
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporato in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		,
	Tan H. Jones (Typed or printed name of person signing)		
	President Sol Owner (Title of person signing)		

Filing Fee: \$35

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 Di	ssolution" is optional and is	not required when filing a volunta	ry dissolution.
Name of Corporation:	Speech Pathology	y Services, Inc	
Date of dissolution will be the specified in the Articles of Di		I with the Department of State or as	3
Description of information the	at must be included in a clai	m:	
		or any business/persona	
Commenced	business.		
Mailing address where claims	s can be sent: (Claims canno	t be sent to the Division of Corpora	ations)
	129 Sea 00	ds Dr	
	Panama City Beach	ts Dr FC 32413	05 MAY 13
			<u></u>
			Pii 12: 4:0
A claim against the above nar within 4 years after the filing		red unless a proceeding to enforce t	he claim is commenced
Ian H. Jon		Jem 14	
Printed Name	of the Person Filing	Signature of the Po	erson Filing