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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: DISSOLUTION	<u></u>		
DOCUMENT NUMBER: P04000 94737			
The enclosed Articles of Dissolution and fee are submir	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
ONKAR S. (Name of Contact Person	NARULA, M.D.		
(Firm/Company)			
1321 N.W. 14 St. (Address)	Suite 500		
MIAMI FL. 331 (City/State and Zip C			
(City/State and Zip C	ode)		
For further information concerning this matter, please ca	all:		
ONKAR S, NARULA at (30) (Name of Contact Person)	Nrea Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ Certificate of Status Certified (Additional enclosed)	al copy is Certified Copy		
Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:		
	CARDIAC DIAGNOSTIC SERVICES, Inc.		
SECOND:	The document number of the corporation (if known): P0400094737		
THIRD:	The file date of the articles of incorporation: JUN 21, 2004		
FOURTH:	None of the corporation's shares have been issued.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distribute to the shareholders, if shares were issued. A majority of the incorporators or directors authorized the dissolution.	ed	
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.	` '	
Sign	ature: Oule Socoule		
(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, trustee, or other court appointed fiduciary, by that fiduciary.)			
	ONKAR S. NARULA (Typed or printed name of person signing)		
	REGISTERED AGENT O		

Filing Fee: \$35