

P0400018528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

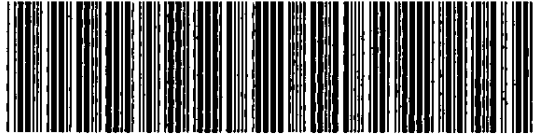
(Document Number)

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[Signature]

2010 APR 29 AM 11:42
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2010 APR 29 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DISEASE NETWORKS, INC.

SECOND: The document number of the corporation (if known): P04000118528

THIRD: The date dissolution was authorized: 3-24-2010

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: 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 the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

2
(voting group)

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 receiver, trustee, or other court appointed fiduciary, by that fiduciary)

George Pollack
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

