

P04006145763

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DIVISION OF CORPORATIONS
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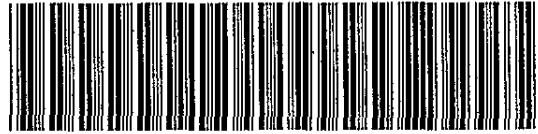
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF MEDICAL INFORMATION SERVICES, INC.

DOCUMENT NUMBER: P04000145763

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. ROBERT BLACK, Esp.

(Name of Person)

(Name of Firm/Company)

1200 BRICKELL AVE. SUITE 750

(Address)

MIAMI, FL 33131

(City/State/and Zip Code)

For further information concerning this matter, please call:

D. ROBERT BLACK, Esp.

(Name of Person)

at (305) 668-1707

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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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 Department of State:

MEDICAL INFORMATION SERVICES, INC.

SECOND: The document number of the corporation (if known): P04000145763

THIRD: The file date of the articles of incorporation was: 10/22/04

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.

A majority of the directors authorized the dissolution.

Signed this 9 day of FEBRUARY, 2005

Signature: [Handwritten 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.)

YIFE TIEN

(Typed or printed name of person signing)

DIRECTOR, PRESIDENT

(Title of person signing)

Filing Fee: \$35