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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Ad
2/16/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Worldwide Healthcare Inc - DISSOLUTION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Julie + Stephen Wolkoff

(Name of Contact Person)

(Firm/Company)

300 SE 5th Avenue, Suite 3160

(Address)

BOCA RATON, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Wolkoff

(Name of Contact Person)

at (561) 362-0146

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Worldwide Healthcare Inc

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

THIRD: The file date of the articles of incorporation: 12/06/04

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

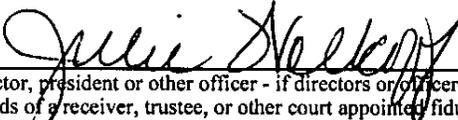
FIFTH: No debt of the corporation remains unpaid.

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.

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.)

Julie Wolkoff
(Typed or printed name of person signing)

President
(Title of Person Signing)