

P 04 000169895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

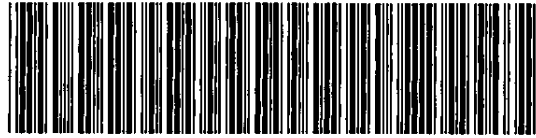
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/07--01022--022 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY - 9 PM 12: 32

APPROVED
AND
FILED

LOREN HENNICK
20889 ST. ANDREWS BLVD.
#1
BOCA RATON, FL. 33433

TELEPHONE: (954) 428-1769

04-23-07

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

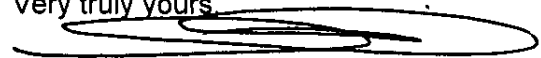
Re: Dissolution of IN-OFFICE DIAGNOSTIC MARKETING, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,



LOREN HENNICK

ARTICLES OF DISSOLUTION

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is IN-OFFICE DIAGNOSTIC MARKETING, INC. Corporate number: P04000169895
SECOND: The articles of incorporation were filed on 12-20-04.
THIRD: The date dissolution was authorized was 04-23-07.
FORTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

Signed this 04-23-07.

FURTHER AFFIANT SAYETH NAUGHT.
[Signature]
AFFIANT/LOREN HENNICK, President/Chairman of the Board

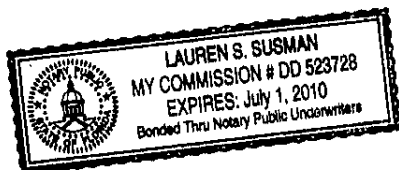
07 MAY -9 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

The foregoing instrument was acknowledged before me this 2 day of May 2007, by LOREN HENNICK, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: DRIVERS LICENSE OF Florida

Witness my hand and seal at said county and state this 2 day of May, 2007

My commission expires



[Signature]
Signature of Notary Public

Lauren Susman
Printed Name