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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Articles of Disso	lution Filing	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P05000	0003613	
The enclosed Articles of Dissolution and	fee are submitted for filing	z.
Please return all correspondence concerning	ng this matter to the follow	ring:
Wilfredo Gonzalez		
(Name of	Contact Person)	
Ideal Medical Center of	f Hialeah, Inc.	
(Fir	m/Company)	
995 N. Miami Beach Bl	vd. Suite 100	
(A	Address)	
N. Miami Beach, FL 33	162	
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Victor Lugo	at (305) 9	57-0017
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amount	unt:	
□ \$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	Amer Divis Clifto	ET ADDRESS: Indment Section It is is a second of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION IDEAL MEDICAL CENTER - HIALEAH, INC. A FLORIDA CORORATION

THIS IS TO CERTIFY THAT:

FIRST: The name of the corporation (the "Corporation") is Ideal Medical Center - Hialeah, Inc. The Corporation was formed on January 7, 2005 and assigned document number P05000003613.

SECOND: The effective date of dissolution of the Corporation is March 31, 2013.

THIRD: The Corporation is hereby dissolved in accordance with the unanimous written consent of the shareholders of the Corporation, which consent constitutes the number of votes sufficient for approval.

WITNESS the hands of the undersigned constituting the shareholders of the Corporation, this 31st day of March, 2013.

Wilfredo Gonzalez, Shareholde

Octavio A. Bravo, Shareholder

13 APR 19 PM 12: 5
SECRETARY OF STATE