P05000006689

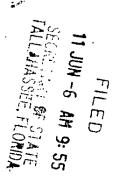
(Requestor's Name)		
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PICK-UP	WAIT	MAIL
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Certified Copies	Certified Copies Certificates of Status	
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Dissolution of Florida For-Profit Corporation				
SUBJECT: Dissolution of Florida	i di-i idili dorp	- Condition		
DOCUMENT NUMBER: P0500006689 The enclosed Articles of Dissolution and fee are submitted for filing.				
Frank Rodriguez				
(Name of	Contact Person)			
(Firm	m/Company)	that all the second		
1735 NE 164 Street #303				
(A	ddress)			
North Miami Beach, FL 33162				
(City/Sta	te and Zip Code)			
For further information concerning this ma	tter, please call:			
Frank Rodriguez	at (786	704-5552		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amou	int:			
▼\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certificate of Status &		
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

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:	
	North Lauderdale Medical Center, Inc.	
SECOND:	The document number of the corporation (if known): P0500006689	
ГHIRD:	The file date of the articles of incorporation: January 12, 2005	
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.)		
	Frank Rodriguez	
	(Typed or printed name of person signing)	
	Descident	
	President (Title of Person Signing)	
	(

Filing Fee: \$35