P0500095222

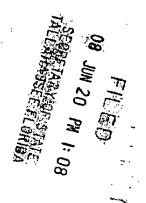
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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Articles of dissolution DOCUMENT NUMBER: P05000095222 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE A. ECHEVARRIA (Name of Contact Person) ALL COUNTY MEDICAL EQUIP. INC. (Firm/Company) 1901 NW 7th ST SUITE 106 (Address) FL. 33125 **MIAMI** (City/State and Zip Code) For further information concerning this matter, please call: at (305) 969 - 9320 Jose A. Echevarria (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607,1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: ALL COUNTY MEDICAL EQUIPMENT, INC. The document number of the corporation (if known): **P05000095222** · SECOND: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. No debt of the corporation remains unpaid. FIFTH: The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) SEVENTH: 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.) JOSE A. ECHEVARRIA (Typed or printed name of person signing) PRESIDENT (Title of Person Signing)

Filing Fee: \$35