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SECRETARY OF STATE DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

dis.

C. Coulliette JAN 18 2006

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BEST SOLUTIONS MEDICAL CENTER.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF DISSOLUTION

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

FIRST: The name of the Corporation is: BEST SOLUTIONS MEDICAL CENTER, INC.

SECOND: The date of dissolution was authorized: AUGUST 10, 2005

THIRD: Adoption of Dissolution (CHECK ONE)

X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

— Dissolution was approved by vote of the shareholders through voting Groups.

The following statement must be separately provided for each voting Group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by:

(Voting group)

Signed this 17th day of January of 2006.

Signature: _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Veronica L. Sanchez

(Typed or printed name)

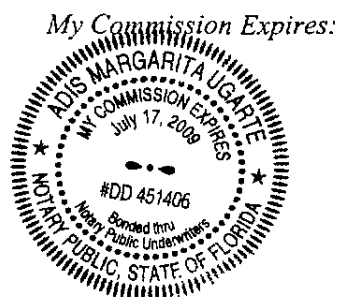
President/Secretary

(Title)

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me
Today January 17, 2006 at Miami, FL.

Notary Public



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