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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Worldwide Medica
DOCUMENT NUMBER: P05000133967
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LYNDA HOUK TONY GONZALEZ  (Name of Contact Person)
WORLDWIDE MEDICAL PRODUCTS, INC.
4821 GRAPEVINE WAY
4824 GRAPEVINE WAY  (Address)  DAVIE FL 33331  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TONY GONZALEZ at (954) 687-3148 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &  (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
	WORLDWIDE MEDICAL PRODUCTS, INC		
SECOND:	The document number of the corporation (if known): P05000133967		
THIRD:	The file date the articles of incorporation: 9/29/2005		
FOURTH:	The file date the articles of incorporation: \( \frac{1}{2} \) \(		
	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 of the other - if directors or officers have not been selected, by an incorporator - if in the hands of a recover, trustee, or other court appointed fiduciary, by that fiduciary.)			
	ANTHONY GONZALEZ. (Typed or printed name of person signing)		
	PRES . (Title of Person Signing)		

Filing Fee: \$35