## P0506937990

| (Requestor's Name)  |
|---|
| YVONNE VIRTUE<br>1507 KIMSGALI BUD #130<br>NORTH LANDERSONG FR 33 |
| (City/State/Zip/Phone #)  |
| PICK-UP WAIT MAIL   |
| (Business Entity Name)  |
| Kimberly Blvd.  |
| (Document Number)   |
| Certified Copies Certificates of Status                           |
| Special Instructions to Filing Officer:                           |
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|   |
| Office Use Only   |



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SECRETARY OF STATE
LLAHASSEF, EI DBIR

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## 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:   |  |
|---|--|--|
|   | MY HEALTH SOLUTIONS INC.   |  |
| SECOND:   | The document number of the corporation (if known): P05000137990  |  |
| THIRD:  | The file date of the articles of incorporation: 9c7 10, 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. |  |  |
| Sign  | ature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  (Typed or printed name of person signing)  (Title of Person Signing) |  |

Filing Fee: \$35