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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 OT NAY 18 PH 12: 45

COR AMND/RESTATE/CORRECT OR O/D RESIGN

KROME MEDICAL SUPPLY, INC.

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Certificate of Status	0
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FAX NO. :3052201440

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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 as currently filed with the Florida Department	t of State:	•
	MROME HEDICAL SUPPLY, INC.		
SECOND:	The document number of the corporation (if known): POWOC	0000	1963
THIRD:	The date dissolution was authorized: 5/18/07		
	Effective date of dissolution if applicable: 5/18/07 (no more than 90 days offer dissolution)	ion tile date))
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for diss	solution
	Dissolution was approved by the shareholders through voting groups.		
• •	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	4	
	The number of votes cast for dissolution was sufficient for approval by	SECKET	O7 MAY
	(voting group)	> > .	8 F
·	Signature: Signature:	FLORIDA	1 D
	(By a director, provident or other officer - if directors or officers have not been selected, be an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, be that fiduciary)	y iy	
	Kenia H Romeno	-	
	(Typod or printed name of person signing)		•
	(Title of person signing)	-	

Filing Fee: \$35

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