## POLODD18271

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
		MAIL
(Bu	isiness Entity Na	me)
(Dc	ocument Number	)
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FILED 2006 NOV -8 PM 3: 11 SECRETARY OF STATE TALLAHASSEE.FLORIDA

MR 106

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			с. Из
CORPORATE FILING SERVICE	•	•	
3320 SW 87 <sup>TH</sup> AVENUE			
MIAMI, FL 33165 (305) 552-5973			
	Offic	c Use Only	
CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if know	wn):	
BIENVENIDO MEDI	CAL INCC	1	
(Corporation Name)	(Document #)		
2.	······································		
(Corporation Name)	(Document #)		
3			
(Corporation Name)	(Document #)		
4.		• • .	
(Corporation Name)	(Document #)		
Walk in Pick up time 2.06		Certified Copy	
Mail out Will wait Ph	notocopy	Certificate of Statu	S
NEW DE INCO			
	ENDMENTS	,	
	Amendment Resignation of R.A., (	Officer/Director	
Limited Liability	Change of Registered	Agent	
	Dissolution/Withdraw Merger	/al	
	ISTRATION/QUAI	IFICATION	
	Foreign Limited Partnership		
	Reinstatement		
	Trademark Other		
	. L		
		Examiner's Initials	

CR2E031(7/97)

<b>.</b> . •	ARTICLES OF DISSOLUTION FILED
Purșuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on: 2006 NOV -8 PH Statutes
FIRST:	The name of the corporation as currently filed with the Floring Utophinment of State: BIENVENIOO $MEDICALINC$
SECOND:	The document number of the corporation (if known): <u>A 06 0000182</u> 71
THIRD:	The date dissolution was authorized: $1/-7-06$
	Effective date of dissolution if applicable:
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by 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 $\underline{O7}$ day of $\underline{NOVEMBER}$ 2006 Signature: $\underline{O7}$ day of $\underline{Mum}$
	(By a director, president or other officer - <i>if</i> /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)
	<u>GIENVENIDO</u> (Typed or printed name of person signing)
	$\frac{\rho_{RES}\rho_{ENT}}{\rho_{\text{(Title of person signing)}}}$

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Filing Fee: \$35

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