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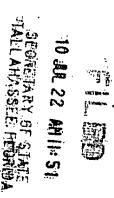
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C.COULLIETTE
JUL 2 2 2010

EXAMINER

COVER LETTER

TO: Amendment Section	·				
Division of Corporations					
·					
SUBJECT: FIRST CLASS MEDIC	CAI DIAGNOSTICS In				
DOCUMENT NUMBER: P06000045	33				
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:				
RENES CASTOR					
(Name of Contact Person)					
Olympia MEDICAL	Center Inc				
(Firm/Company)				
3933 N. HAVERH	ILL ROAD Suite 115				
(Address)	्रम् के एक एक विकास स्थापन के प्रतिस्था के प्रतिस्था के प्रतिस्था के प्रतिस्था के प्रतिस्था के प्रतिस्था के प् स्थापन के प्रतिस्था				
West Palm Beach	- Flox DA 33417				
(City/State and Zip					
For further information concerning this matter, please	call:				
KENES CASTOR at (5	561) 478 - 7659				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
□\$35 Filing Fee □\$43.75 Filing Fee & ■ \$43.75	Filing Fee & \$\infty\$\$ \$52.50 Filing Fee,				
Certificate of Status Certified	d Copy Certificate of Status &				
(Addition enclose	nal copy is Certified Copy				
enciose	d) (Additional copy is enclosed)				
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section				
Division of Corporations	- Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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 of State:
	FIRST CLASS MEDICAL DIAGNOSTICS, IN
SECOND.	The document number of the corporation (if known): Polo000064533
SECOND:	
THIRD:	The date dissolution was authorized: 7-12-Z010
	Effective date of dissolution-if-applicable: 7-12-2010 (no more than 90 days after dissolution file date)
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 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)
S	Signature: Laves Casal
	(By a director, president or other officer - if 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)
- · · · · - · · · · · · · · · · · · · ·	RENES CASTOR
	(Typed or printed name of person signing)
	-VICE PRESIDENT
	(Title of person signing)

Filing Fee: \$35