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(Re	equestor's Name)		
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SECRETARY OF STATE
ANASSEE, FLORIDA

APPROVED AND FILED

COVER LETTER

' TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT:
DOCUMENT NUMBER: <u>P060000772-07</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FELIX 1. EZIAGULU (Name of Contact Person)
(Name of Contact Person)
FIRST GROUP MEDICAL EQUIPMENT, INC
1100 NE 125 Street, #2-11 (Address)
(Address)
NORTH M/AM/ FL 33/6/ (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{7EL\times 21AGUL4}{\text{(Name of Contact Person)}} \text{ at } (\frac{786}{505}) \frac{505-0491}{\text{(Area Code & Daytime Telephone Number)}}$
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigcup \\$35 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 GROUP MEDICAL EDUNPME	YT, MIC	•
SECOND:	The document number of the corporation (if known):	7720	7
THIRD:	The date dissolution was authorized:		_
	Effective date of dissolution if applicable: 08/20/07 (no more than 90 days after dissolution)	n file date)	-
FOURTH:	Adoption of Dissolution (CHECK ONE)		
•	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution	on
	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:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
X	Wo Shareholdes. Business N (voting group)	ot Com	mented
Si	ignature: (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) (Typed or printed name of person signing) (Title of person signing)	97 SEP -5 PH 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	APPROVEL AND FILED

Filing Fee: \$35