

## Division of Corporations

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Division of Corporations

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN

NEW YORK MEDICAL SERVICES, INC.

Certificate of Status Certified Copy 0 Page Count 02 **Estimated Charge** \$35.00

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C. Geralliette MAY 1 8 2007



FAX NO. :3052201440

# H 0 7000 136140

### 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:	
	NEW YORK MEDICAL SERVICES, INC.	
SECOND:	The document number of the corporation (if known): P04000 110712	
THIRI):	The date dissolution was authorized: 5 1807	
	Effective date of dissolution if applicable:  (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.	91. Vil
	Dissolution was approved by the shareholders through voting groups.	٠.,
	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)	• !
	MAY CRETAHA	1
	Signature:	FILED
	(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)	14
	TABARES (Typod or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(l'ille of person signing)	

Filing Fee: \$35

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