P06000118047

juestor's Name)
lress)	
Iress)	
//State/Zip/Phor	ne #)
,	,
WAIT	MAIL
iness Entity Na	me)
cument Number)
Certificate	es of Status
, 557117753135	
iling Officer:	
	harden de la companyon de la c
	iress) //State/Zip/Phor

Office Use Only



100109446751

09/14/07--01053--002 **43.75

OT SEP IN AND: 18
SECRETARY OF STATE

Charles of the Contract of the

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolution OF Corporation
DOCUMENT NUMBER: PO 6000118047
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARY KAREN Wiseman (Name of Contact Person)
(, many or ordinary
Wischuari Inc (Firm/Company)
1826 WOOD Trail Street
·
Tarpan Springs FL 34le89 (City/State and Zip Code)
For further information concerning this matter, please call:
MALI KAREN WISEMAN at (727) 644 1480 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

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:
	WISCHMED, INC
SECOND:	The document number of the corporation (if known): PO6000 1180 47
THIRD:	The date dissolution was authorized: 91107
	Effective date of dissolution if applicable: 91707 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
S	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)
	Signature: (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)
	MARY KARFO WISEMAN (Typed or printed name of person signing)
	Dice President (Title of person signing)

Filing Fee: \$35