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COVER LETTER

*TO: Amendment Section	. J
Division of Corporations	- -
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SUBJECT: REQUEST FOR APTIC	LES OF DISSOLUTION FOR
HEALTH CARE PROJE	CT SOLUTIONS, INC.
DOCUMENT NUMBER:	·
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
100 4	
MIARY RUSSELL	
MARY RUSSELL (Name of	Contact Person)
Health care Project	+ Solutions Inc.
10349 Buena Ven	tura Drive
(Ac	ddress)
Boca Raton FL (City/Sta	3 = 49&
(City/Star	te and Zip Code)
For further information concerning this mat	iter, please call:
	pask apr
(Name of Contact Person)	at (56) 482 -0094
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
✓\$35 Filing Fee	\$\frac{1}{4}3.75\ \text{Filing Fee & \$\Bigcup \$\\$52.50\ \text{Filing Fee,}\$
Certificate of Status	Certified Copy Certificate of Status &
	(Additional copy is Certified Copy
	effclosed) (Additional copy is
	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	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 607.1401, 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:
	Health care Project Solutions Inc.
SECOND:	The document number of the corporation (if known): Po 70000 86355
THIRD:	The file date of the articles of incorporation: 7/31/07
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signa	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if
	in the hands of a relectiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	(Typed or printed name of person signing)
	# # # # # # # # # # # # # # # # # # #
	Director Health Care Project Solutions, Anc.

Filing Fee: \$35