ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CENTRAL FLORIDA PSYCHOLOGICAL SERVICES, PA

SECOND: The document number of the corporation: P07000088482

THIRD: The file date of the articles of incorporation: August 6, 2007

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH: A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARY HOLCOMB PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED Sep 30, 2013 Secretary of State

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

CENTRAL FLORIDA PSYCHOLOGICAL SERVICES, PA

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

AFTER 9/30/2013 SUBMIT CLAIMS TO: MARY T. HOLCOMB, LLC AT: 125 WEST PINEVIEW ST., SUITE 1005. ALTAMONTE SPRINGS, FL 32714.

Mailing address where claims can be sent:

125 WEST PINEVIEW ST. SUITE 1005 ALTAMONTE SPRINGS, FL 32714

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARY HOLCOMB

Electronic Signature of the Person Filing