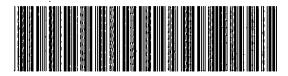
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(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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LAW OFFICES

THURLOW & THURLOW, P.A.

17 MARTIN L. KING, JR. BLVD. POST OFFICE BOX 106 STUART, FLORIDA 34995-0106

THOMAS H. THURLOW
1905-2001
THOMAS H. THURLOW, JR.
THOMAS H. THURLOW III
FERNANDO M. GIACHINO

PHONE (772) 287-0980 FAX (772) 220-0815

March 28, 2008

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Millennium Health Services, Inc.

Our File: 07-088.1

To Whom It May Concern:

Please find enclosed the following for Millennium Health Services, Inc.:

1. Articles of Dissolution

2. Consent to Action by Shareholders and Directors - Returned

3. Our check in the amount of \$35.00 for the filing fee

Please return all correspondence concerning this matter to Fernando M. Giachino c/o Thurlow & Thurlow, P.A., P.O. Box 106, Stuart, FL 34995-0106.

Yours truly,

THURLOW & THURLOW, P.A.

Fernando M. Giachino

FMG/cr Enclosures

cc: Ms. Jaclyn Rubino

Mr. Richard R. Del Toro

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: Millennium Health Services, Inc. The document number of the corporation (if known): P07000091575 SECOND: March 10, 2008 The date dissolution was authorized: THIRD: Adoption of Dissolution (CHECK ONE) FOURTH: [X] 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 ar entitled to the vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval (voting group) Signature: (By a director ors or officers have not been selected,

Filing Fee: \$35.00

(Typed or printed name of person signing)

(Title of person signing)

Jaclyn Rubino

President

by an incorpor by that fiducial receiver, trustee, or other court appointed liduciary,