257000103625

| (F | Requestor's Name) | |
|-------------------------|-------------------------|--|
| A) | Address) | |
| (A | address) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (E | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to | o Filing Officer: | |
| | | |
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| , | | |
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Office Use Only



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10/23/07--01003--018 **35.00

07.0CT 23 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORID



COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|---|--|
| SUBJECT: Dissolve | For Profit Corporation |
| DOCUMENT NUMBER: | 7000103625 |
| The enclosed Articles of Dissolution and | fee are submitted for filing. |
| Please return all correspondence concernin | g this matter to the following: |
| Sherry L. (Name of | Contact Person |
| Balaneso Soluti | ions Healthcare Pharmany, Inc |
| ECT 23 HASSEED OS TECHNOLOGY (Fin | Park, Suite 1008 Address) FL. 32746 |
| Ake Mare | FL. 32746 ate and Zin Code) |
| (City/Sta | ate and Zip Code) |
| For further information concerning this ma | tter, please call: |
| Sherry L. Markey (Name of Contact Person) | at (<u>407</u>) <u>865-7795 K2/2</u> (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amou | ınt: |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: | STREET ADDRESS: |
| 'Amendment Section | Amendment Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations 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 S | State: | |
|----------|--|---------------------------------|------------------|
| | Balanced Solutions Healthcare 41 | Barmay | , I n |
| SECOND: | The document number of the corporation (if known): PD 70001 | 03625 | |
| THIRD: | The file date of the articles of incorporation: $9-17-07$ | | |
| FOURTH: | (CHECK AT LEAST ONE BOX) | | |
| | None of the corporation's shares have been issued. | | |
| | The corporation has not commenced business. | O7 OF SECT | |
| FIFTH: | No debt of the corporation remains unpaid. | CT 23 RETAR | = ' |
| SIXTH: | No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distribut to the shareholders, if shares were issued. | A 05 21 54 05 21 54 05 21 | T) |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | 1:39 STATE FLORIDA | |
| | A majority of the incorporators authorized the dissolution. | • | • |
| Sign | A majority of the directors authorized the dissolution. ature: (By a director, president or other officer - if directors of officers have not been selected, by an incorp in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing) (Title of Person Signing) | orator - if | |
| | Tresident & CEO (Title of Person Signing) | | |

Filing Fee: \$35