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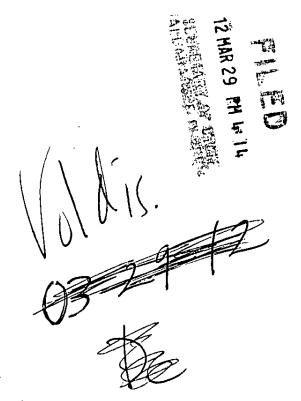
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2012

JULIE CROCCO MEDEX PLUS, INC 1314 E. LAS OLAS BLVD., #1301 FT. LAUDERDALE, FL 33301

SUBJECT: RECOVERY SOLUTIONS OF SOUTH FLORIDA, INC.

Ref. Number: P07000106827

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 412A00009123

Please call iF Incurrent + explains

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www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Recovery Solutions of South Florida, Inc Dissolution		
DOCUMENT NUMBER: P0700010	6827	
The enclosed Articles of Dissolution and f	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Iulia Casasa		
Julie Crocco (Name of Contact Person)		
(Name of	Contact Person)	
Medex Plus, Inc	•	
(Firm	n/Company)	
1314 E Las Olas Blvd, #1301		
(Address)		
Fort Lauderdale, FI 33301		
(City/Sta	te and Zip Code)	
For further information concerning this mat	tter, please call:	
Julie Crocco	at (_954) 696-1121	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	nt:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section 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 607.1403, 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:
	Recovery Solutions of South Florida, Inc.
SECOND:	The document number of the corporation (if known): P07000106827
THIRD:	The date dissolution was authorized: 03/01/2012
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	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
	July Com
	(voting group)
	Signature: Good Colors
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Julie Crocco
	(Typed or printed name of person signing)
	CEO/ President
	(Title of person signing)

Filing Fee: \$35