

PO 7000131472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

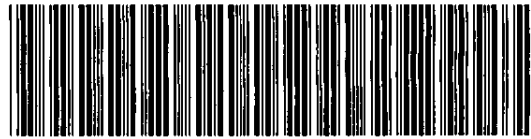
(Business Entity Name)

(Document Number)

Certified Copies _____ / Certificates of Status _____

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Office Use Only



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05/07/12--01039--013 **43.75

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12 MAY -7 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 14 2012
T. ROBERTS

LOREN HENNICK
7700 CONGRESS AVENUE
SUITE 1115
BOCA RATON, FL. 33487

TELEPHONE: (561) 994-3393

04-30-12

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of NEUROLOGICAL GROUP INC

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,



LOREN HENNICK

ARTICLES OF DISSOLUTION

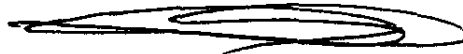
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TALLAHASSEE FLORIDA

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is NEUROLOGICAL GROUP INC
Corporate number: P07000131472
- SECOND: The articles of incorporation were filed on 12-13-07.
- THIRD: The date dissolution was authorized was 04-30-12.
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

Signed this 04-30-12.

FURTHER AFFIANT SAYETH NAUGHT.

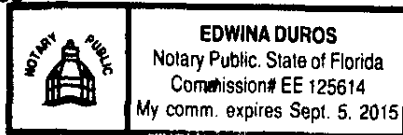


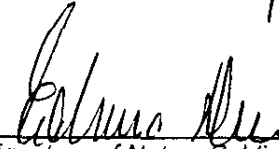
AFFIANT/LOREN HENNICK, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 2nd day of May, 2012, by LOREN HENNICK, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF FL**

Witness my hand and seal at said county and state this 2nd day of May, 2012

My commission expires




Signature of Notary Public

Edwina Duros
Printed Name