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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 DEC 17 AM 10:27

Ant Diss  
CC  
@ 12/21/09

**CP**

*CARLOS PEREZ SERVICE, CORP. ACCOUNTING, LICENSES, NEW CORPORATION*

*NOTARY PUBLIC, CERTIFICATE OF BOARD - LIC - 50924*

*Member of the National Notary Association.*

1359 SW 1<sup>st</sup> Street, MIAMI, FL 33135  
PHONE (305)541-8722 FAX (305)541-6940  
email : carlosperezservice@yahoo.com

Miami, December 14<sup>th</sup>, 2009

**Karen Gibson**  
Document Specialist Supervisor  
**Florida Department of State**  
Division of Corporations

Subject: Patient's Wellness Nursing Services, Inc.  
Ref. number P08000006881

Attached you will find the correct check for the amount of US\$43.75, and the document refer the dissolution.

I'll be thankful for your attention.

Sincerely,

  
**CARLOS PEREZ**

## 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:

PATIENT'S WELLNESS NURSING SERVICE INC.

SECOND: The document number of the corporation (if known): P08000006881

THIRD: The date dissolution was authorized: 11/20/2009

Effective date of dissolution if applicable: 11/20/2009  
(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

\_\_\_\_\_  
(voting group)

Signature:  X

(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)

YEIMY GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA

**Filing Fee: \$35**