Florida Department of State



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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL COMPLETE MEDICAL CENTER, INC.

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H13000185076 ARTICLES OF DISSOLUTION

PURSUANT TO SECTION 607.1403, FLORIDA STATULES, THIS FLORIDA PROFIT CORPORATION SUBIT THE FOLLOWING ARTICLES OF DISSOLUTION:

FIRST:

THE NAME OF THE CORPORATION IS:

"COMPLETE MEDICAL CENTER, INC."

SECOND: THE DATE DISSOLUTION WAS AUTHORIZED: 08/19/2013

THIRD:

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 VOTE OF THE SHAREHOLDERS THROUGH VOTING GROUPS.

THE FOLLOWING STATEMENT MUST BE SEPRATELY PROVIDED FOR EACH VOTING GROUP ENTITLED TO VOTE SEPRATELY ON THE PLAN TO DISSOLVE:

THE NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT FOR APPROVAL BY

(VOTING GROUP) SIGNED ON THIS 19 TDay of AUGUST 2013

SIGNATURE

(BY THE CHAIRMAN OR VICE CHARIMAN OF THE BOARD, PRESIDENT, OR OTHER OFFICER)

ALEXY LEIVA

(TYPED OR PRINTED NAME)

PRESIDENT

(TITLE)