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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL MEDEX POINT CORP.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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H12000142757

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: | | |
|---------|---|--------------------|--|
| | MEDEX POINT CORP. | | |
| SECOND: | The document number of the corporation (if known): P10001314 | 9 | |
| THIRD: | The date dissolution was authorized: 12 12 11 | | |
| | Effective date of dissolution if applicable: (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 disso was sufficient for approval. | olution | |
| | 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) | <u> </u> | |
| | _ | VISIONIA 12 HAY | |
| | | 和2 | |
| (| Signature Thomas Odina | | |
| • | (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 | ORPORATI | |
| | that fiduciary) | 22 章 | |
| - | ZOILA E. CARDENAS (Typed or printed name of person signing) | <u> </u> | |
| | PRESIDENT | | |
| | (Title of person signing) | | |

Filing Fee: \$35