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(((H13000021893 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (\$05)552-5973

Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL HOME, CLINIC & RESIDENTIAL SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 8 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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T. LEWIS



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ARTICLES OF DISSOLUTION

| Pursuart to of dissoluti | section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on: |
|-----------------------------|---|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: Home, Clinic & Residential Services, Inc. |
| SECOND: | The document number of the corporation (if known): P1200011392 |
| THIRD: | The date dissolution was authorized: 12913 |
| | The date dissolution was authorized: 12913 Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) |
| FOURTH | |
| | 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: |
| | (By a director, president or other index - 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) |
| · | Felix E. Diaz (Typed or printed name of person signing) |
| | Owner. |
| | (Title of person signing) |
| | Filing Feet \$35 |

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