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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015

Phone : (727)461-1111

Fax Number : (727)461-6430

DISSOLUTION OR WITHDRAWAL THE NURSE LAWYER, INC.

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLES OF DISSOLUTION

	Section 607. ticles of diss	1403, Florida Statutes, this Florida profit corporation submits the olution:		
firs t :	The name of the corporation as currently filed with the Florida Department of State: THE NURSE LAWYER, INC.			
SECOND:	The document number of the corporation (if known): P12000064146			
THIRD:	The date dissolution was authorized: November 20, 2014			
	Effective d	ate of dissolution if applicable:		
FORTH:	Adoption o	Adoption of Dissolution (CHECK ONE)		
•	_X_	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	r of votes cast for dissolution was sufficient for approval by:		
	N/A			
Signa		(voting group)		
"Dul ine 1	Names Na	minous Africalla		

Title: President

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