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To:

From:

Division of Corporations

Fax Number

: (850)617-6380

APR 24 2015

R. WHITE

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL TH FLORIDA ALL MEDICAL SERVICES, INC.

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## H15000099534

## 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:  South Florida All Medical Services, I	
	South Florida All Medical Services, I	
SECOND:	The document number of the corporation (if known): P14000071460	
THIRD:	The date dissolution was authorized: 04/23/15	
	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 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)	
	भ मेश ज	
	Signature: X Mean 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)	
	Maybis Campoalegre (Typed or printed name of person signing)	
	Prosident (Title of person signing)	
•		

Filing Fee: \$35