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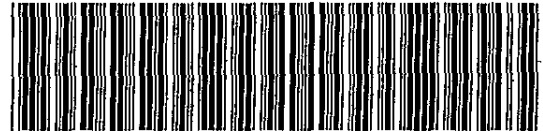
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/03--01042--008 **43.75

FILED
03 MAY - 6 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOID IS
MAY 05-14

INSTITUTE OF MEDICAL LAW, INC.

An Affiliate of the American Institute of Medical Law, Inc.

April 29, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed please find the executed Articles of Dissolution form for the Institute of Medical Law, Inc. I have also enclosed a check for \$43.75 for the following:

\$35.00 -- the filing fee for the articles of dissolution
\$ 8.75 -- a certified copy of the dissolution

As requested in the instructions for filing, my return address and phone number are

Sandra A. Rossi
274 Beachview Ave # 20
Pacifica, CA 94044

(650) 355-0222

Thank you very much for your assistance in this matter.

Sincerely,



Sandra A. Rossi, President
Institute of Medical Law, Inc.

ARTICLES OF DISSOLUTION

FILED
03 MAY -6 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Institute of
Medical Law, Inc.

SECOND: The date dissolution was authorized: April 29, 2003

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 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)

Signed this 29th day of April, 2003

Signature Sandra A Rossi
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Sandra A Rossi
(Typed or printed name)

President
(Title)