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CLINICAL RELIEF SERVICES

FILED

professional pharmacy staffing agency
TALLAHASSEE, FLORIDA

April 24, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

-05/01/01--01050--001 *****52.50 *****52.50

Dear Sir or Madam:

Enclosed please find completed articles of dissolution pursuant to Section 607.1403, Florida Statutes, which provides for the dissolution of a corporation that has commenced business and issued shares. Also please find a check for \$52.50 to cover the filing fee for the articles of dissolution @ \$35.00, 1 certified copy of the dissolution @ \$8.75 and 1 - certificate of status @ \$8.75.

You may mail the requested documents to the following address:

Clinical Relief Services c/o David Crane 1501 Mt. Vernon Street Orlando, Florida 32803 (407) 898-8866

Please contact me if you require any further information.

Sincerely

David Crane

President / Secretary-Treasurer

ARTICLES OF DISSOLUTION

Of APR 30 PM 4: 49

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the SSEE. FLORIDA

Following articles of dissolution:

FIRST:	The name of the corporation is: Crane & Associates Clinical Relief Services, Inc.
SECOND:	The date dissolution was authorized: 04/23/2001
	effective date 06/24/2001
THIRD:	Adoption of Dissolution (CHECK ONE) EFFECTIVE DATE 6-/-0
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	solution was approved by vote of the shareholders through voting groups.
	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sig	med this <u>23rd</u> day of <u>April</u> , <u>2001</u> .
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	David Alan Crane(Typed or printed name)
	President / Secretary-Treasurer (Title)