## P940000 41962

Requestor's Name

CR2E031(1/95)

195 Jours Mann City/State/2	J 3.	Phone #	-	1 0000234 -11/06/97- *****88.0 Office Use Only	01031	1 —— 1 7—020 ***88.00
1(Corpo	oration Noration N	Vame) (D	Occument #	#)		
☐ Walk in	Pick Will	up time		Tertified Copy Certificate of Status	97 NOV -6 AMII: 30	SECRETARY OF STATE DIVISION OF CORPORATIONS
OTHER FILINGS Annual Report Fictitious Name Name Reservation		REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other		11-12-9	7	

Examiner's Initials

## ARTICLES OF DISSOLUTION

	DIVISION SEC.
Pursuant to following ar	section 607.1403, Florida Statutes, the undersigned corporation submits the ticles of dissolution:
FIRST:	The name of the corporation is: A & D MEDICAL SUPPLIES, INC.
	·
SECOND:	The date dissolution was authorized: APRIL 30, 1997
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 numb	er of votes cast for dissolution was sufficient for approval by
<u></u>	(voting group).
Sign	ed this 30 day of APRIL, 19 97.
	A & D MEDICAL SUPPLIES, TNC. (Corporation Name)  By
	(Chairman or Vice Chairman of the Board, President, or other officer)
	ANDRES MARTINEZ - DIGNA MARTINEZ Vice Resident (Typed or printed name)  PRESIDENT Vice PRESIDENT INCORPOR ATOR
	PRESIDENT / Vice President Incorpor ATOR