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TRANSMITTAL LETTER

,	DISSOLUTION	N of A FLORIDA	PROFIT (300 pen n
Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314			'0000287 -05/17/99- *****96.25	7347 -01100
SUBJECT:	MEDSTAR MEDICA (Proposed corpora	L INC ate name - must include suffi	x)	
Enclosed is an original	and one(1) copy of the articles	of incorporation and a ch	leck for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee	Filing Fee	□ \$131.25 Filing Fee,	
35 FILING FEE 52.30 - CERTIFIED COPY	& Certificate	& Certified Copy	Certified Copy & Certificate	
8.75 - CENTIFICATE of	STATUS	ADDITIONAL COP	Y REQUIRED	
	LWR FINANCIM 52 Name (Pr	MVI CLS	TALIA 199	 }
	Name (Pr	inted or typed)	99 MAR SECRETA VLLAHA	
_	7326 LAKE WORK	TW RD	SSEE 7	
-	LARE WORTH, FL.	33467 State & Zip	PM 1: UB	
-	551. 642. 988- Daytime To	∀ elephone number		
	Diss 5-25	.99		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: MEDSTAR MEDICAL INC.	
SECOND:	The articles of incorporation were filed on: July 8, 1994	,
THIRD:	(CHECK ONE)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FOURTH:	No debt of the corporation remains unpaid.	
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	6128 6128 6245
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.	
Sign	ed this	.
Signatu	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)	
	CALVIN E BALL (Typed or printed name)	
	PRESIDENT	

(Title)