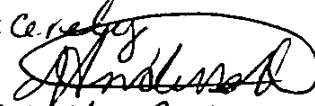


PG4000069505
To Whom It May Concern:

This is a cover letter for the
enclosed articles of dissolution.
As requested, this letter includes my
telephone number: 1(800) 725-8784
and my return address: 17740 NW 67 Avenue
Suite 607 / Miami, FL 33015.

Please also find a check for the filing
fee of these articles of dissolution.

500002217175--0
-06/19/97--01073--012
*****35.00 *****35.00

Sincerely,

Odette Anderson

JUN 23. BSB

FILED
97 JUN 19 AM 8:14
TALLAHASSEE, FLORIDA

Diss

ARTICLES OF DISSOLUTION

FILED

97 JUN 19 AM 8:14

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

FIRST: The name of the corporation is: Total HealthCare Inc.

SECOND: The articles of incorporation were filed on: 9/21/94

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.

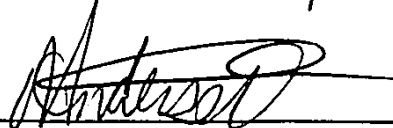
SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 27th day of September, 19 96.

Signature


(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Odette Anderson
(Typed or printed name)

President

(Title)

P94000071954

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 20, 1997

FONET FINANCIAL, INC.
325 S. GARDEN AVE.
CLEARWATER, FL 34616

SUBJECT: FONET FINANCIAL, INC.
Ref. Number: P94000071954

Debit Memo #: 74115-K

This is to inform you that check #2977 in the amount of \$825.00 submitted with the annual report for FONET FINANCIAL, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$866.25 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after August 20, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey
Accountant I

Letter Number: 497A00033097