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(((H10000213814 3)))



H100002138143ABCU

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I2000000019 : (305)552-5973 Phone

fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL

HEALTH LINE MEDICAL EQUIPMENT & SERVICES, INC.

RECEIVED

Certificate of Status

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\$35.00

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H10000213814

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

| first: | The name of the corporation as currently filed with the Florida Department of State; |
|--|--|
| | HEALTH LINE MEDICAL EQUIPMENT & SERV |
| ************************************** | 001000070712 1 |
| SECOND: | The document number of the corporation (if known): 195000 19213 |
| THIRD: | The date dissolution was authorized: 9-27-10 |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) |
| . , | Dissolution was approved by the shareholders. The number of votes east for dissolution, was sufficient for approval. |
| | Dissolution was approved by 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) |
| | A |
| | |
| | THE STATE OF THE S |
| | Signature: |
| | (B) a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court applicated fiduciary, by |
| | that fiduciary) |
| | FIDEL ORTEGA |
| , | (Typed or printed name of person signing) |
| | |
| | Tresident |
| | (Title of nerson signing) |