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OFFICE USE ONLY(DOCUMENT#) LAZARUS CORPORATE FILING SERVICE <u> 3320 S.W. 87 AVENUE</u> MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out Certificate of Status Will wait Photocopy NEW FILINGS AMENUMENIS Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FILNGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name

Limited Partnership

Reinstatement

Trademark

Other

Name Reservation

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Examiner's Initials

ARTICLES OF DISSOLUTION

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Pursuant to following a	section 607,1403, Florida Statutes, this Florida profit corporation submits the 38 PHZ:
FIRST:	The name of the corporation is: Olpina Medical Equipment, I
SECOND:	The date dissolution was authorized: $5/24/02$
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	olution was approved by vote of the shareholders through voting groups.
	ne following statement must be separately provided for each voting group titled to vote separately on the plan to dissolve:
The i	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	ed this 29 day of MAY, 62 ,
Signature	(By the Chairman or Vice Chairman of the Board, President, or other officer)
,	(By the Chairman or Vice Chairman of the Board, President, or other officer) Very and Conzalez
	C-E-O peesident.