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*Leopold, Korn & Leopold, P.A.*  
*Attorneys at Law*

Norman Leopold  
Gary A. Korn  
Karen S. Leopold  
Hilary S. Feinstock  
Robin I. Willner\*

\*Also admitted in Colorado

REPLY TO: ☒ Main Office  
☐ Boca Raton

*Main Office:*  
20801 Biscayne Boulevard  
Suite 501  
Aventura, FL 33180  
Telephone: 305-935-3500  
Brow./Boca-Delray: 954-949-0188  
Palm Beaches: 561-909-0337  
Telefax: 305-935-9042

Email: [nleopold@leopoldkorn.com](mailto:nleopold@leopoldkorn.com)

*Boca Raton Office:*  
1900 N.W. Corporate Blvd.  
Suite 400 East  
Boca Raton, FL 33431  
Miami-Dade: 305-935-3500  
Brow./Boca-Delray: 954-949-0188  
Palm Beaches: 561-909-0337  
Telefax: 305-935-9042

Of counsel: Howard L. Adler

April 16, 2001

Office of the Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

000004033810--5  
-04/19/01--01111--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: MAGNA MEDICAL, INC.

Dear Sir or Madam:

Please find enclosed the Articles of Dissolution and Affidavit, together with a check in the amount of \$35.00, in connection with the dissolution of the above-referenced corporation.

Should you have any questions or need anything further, please do not hesitate to contact me. Thank you for your prompt attention to this matter.

Very truly yours,



Norman Leopold  
NL/cak  
Enclosures  
Via Certified Mail  
No. 7099 3400 0016 4324 8491

I:\WORK\GONZ\MAGNA\DISSOLVE\SECRETARY.L1.wpd

FILED  
01 APR 19 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*valid*

APR 25 2001

**ARTICLES OF DISSOLUTION**

FILED  
01 APR 19 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to §607.1403, Florida Statutes, the undersigned submit the following Articles of Dissolution:

**FIRST:** The name of the corporation is MAGNA MEDICAL, INC..

**SECOND:** The date dissolution was authorized: March 7, 2001

**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 number of votes cast for dissolution was sufficient for approval by N/A (voting group).

Signed this 10<sup>th</sup> day of April, 2001.

MAGNA MEDICAL, INC.

By: 

(An incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president or other officer if adopted by the directors)

Louis O. Gonzalez

(Typed or printed name)

President

(Title)

This document prepared by:

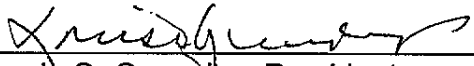
Norman Leopold, Esquire  
LEOPOLD, KORN & LEOPOLD, P.A.  
20801 Biscayne Blvd., #501  
Aventura, FL 33180  
Telephone: (305) 935-3500  
Florida Bar No.: 163308

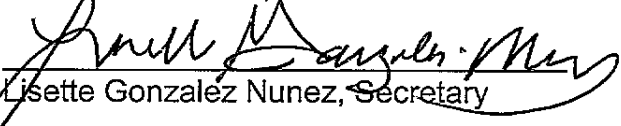
## AFFIDAVIT

BEFORE ME, the undersigned authority, this day personally appeared Louis O. Gonzalez, as President, and Lisette Gonzalez Nunez, as Secretary, of MAGNA MEDICAL, INC., a Florida corporation, who, after being by me duly sworn, on oath depose and say as follows:

That all current property taxes due, both tangible and intangible, and all other taxes due the State of Florida or any of its municipalities, have been paid as of the date of this Affidavit.

FURTHER AFFIANTS SAY NOT.

  
Louis O. Gonzalez, President

  
Lisette Gonzalez Nunez, Secretary

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 10 day of April, 2001, by Louis O. Gonzalez, as President and Lisette Gonzalez Nunez, as Secretary, of MAGNA MEDICAL, INC., a Florida corporation, on behalf of the corporation, who ☒ is personally known to me or ☐ produced \_\_\_\_\_ as identification.

  
Notary Public, State of Florida

My commission expires:

Griselda Gomez  
Print name of notary public

