## 1511 N.W. 43 Ave. Apt. 205 Lauderhill, Florida 33313 May 7, 1997

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

REF: PATIENT CARE PRODUCTS, INC.

NO. P94000091151

000002175700--0 -05/12/97--01179--004 \*\*\*\*\*\*43.75 \*\*\*\*\*43.75

Dear Sir/Madam:

Enclosed is a signed Articles of Dissolution Form for the above-named corporation.

I have also attached check #2798 for the amount of \$43.75 (forty-three dollars and seventy-five cents) to cover cost of filing fee and a Certificate of Status.

Please note return address as above. I can be reached at the following phone number - 954-486-7783.

Sincerely,

DOROTHEA MILLER

ENCL.

## ARTICLES OF DISSOLUTION

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

FIRST: 1	The name of the corporation is: PATIENT CAVE PRODUCTS, IN C
SECOND: T	The date dissolution was authorized: RPRIL 28, 1997
THIRD: A	Adoption of Dissolution (CHECK ONE)
Dissolution was su	ution was approved by the shareholders. The number of votes cast for dissolution in the shareholders. The number of votes cast for dissolution in the shareholders.
☐ Dissol	ution was approved by vote of the shareholders through voting groups.
	e following statement must be separately provided for each voting group itled to vote separately on the plan to dissolve:
The n	umber of votes cast for dissolution was sufficient for approval by
	DOROTHER MUER (voting group)
Signed	this 38 day of APRIL, 1997.
Signature	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	DOROTHER AGNES MILLER (Typed or printed name)
	PRESIDENT (Title)