19500068186

Please accept the following form as

Please accept the following form as

dissolution of our corporation all Hours medical Incorporated Inc.

For any problems contact us at

4715Kemble CT, TAMPA, Fl 33624 (813) 244-0124 or

Fay 813 962-0000

Trankyon 620 Weil President Johner.

- CAtherine . L. ONEil

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98 MAY 20 PH 12: 40
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Dissolution

De 5/29

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation is: Whow Medical Mana
SECOND:	The date dissolution was authorized: 9/5/95
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	olution 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.
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	d this third day of May, 19 98.
Signature _	(30 No. 1)
	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	(Atherne L. Orlei). (Typed or printed name)
	(Typed or printed name)
	President (Title)
	(Inte)