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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: FLORIDA IN-PATIENT RECOVERY SERVICES, INC.

AUDIT NUMBER..... M96000017988 DOC TYPE...... DISSOLUTION

CERT. OF STATUS...0 CERT. COPIES.....1 PAGES..... 3
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ARTICLES OF DISSOLUTION

FLORIDA IN-PATIENT RECOVERY SERVICES, INC., for the purposes of complying with the provisions of Saction 607.1403 relating to the filing of Articles of Dissolution, does hereby execute these Articles of Dissolution:

1. NAME OF CORPORATION

FLORIDA IM-PATIENT RECOVERY SERVICES, INC.

2. DATE DISSOLUTION WAS AUTHORIZED

The dissolution of the corporation was authorized by the shareholders on December 23, 1996.

3. APPROVAL BY SHARHHOLDERS

The dissolution was approved by the corporation's shareholders. The number of shares cast for dissolution was sufficient for approval.

4. EFFECTIVE DATE

The effective date of the dissolution of the corporation is the date of filing of these Articles.

FLORIDA IN-PATIENT PRODUCERY BERVICES, INC.

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BY: JOHN DA

JOHN FIVID. Secretor

Prepared by: THOMAS RUFFIN III, ESQ. Florida Bar No. 442119 Gutter, Josepher, Ruffin & Sheehy, P.A. 100 W. Cypress Creek Rd., Suita 900 Ft. Lauderdale, FL 33309 (954) 928-4555

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STATE OF FLORIDA)
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared John David as President and Secretary of FLORIDA IN-PATIENT RECOVERY SERVICES, INC., to me personally known, or who in duced hold to be as identification, who did take an oat and executed the foregoing Articles of Dissolution, and acknowledged before me that he executed the same for the purposes therein expressed.

witness my hand and official seal in the County and State named above, this of day of bearing, 1996.

Notary Sublic Name of Notary: JUL MULLINAL Commission No.: 0532785.

My Commission Expires:



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