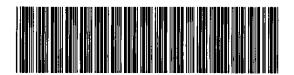
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Mail out ☐ Certificate of Status Will wait Photocopy **NEW FILINGS AMENDMENTS** Profit . Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

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 as currently filed with the Florida Departmen	t of Sta	te:		
	HYM DIAGNOSTIC HELP SERVICES, CORP	-			
SECOND:	The document number of the corporation (if known): P96000078308				
THIRD:	The date dissolution was authorized: $4/30/200(e^{-\epsilon})$				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	ion file d	atc)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for d	issolu	tion	
	Dissolution was approved by of the shareholders through voting group	s.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	o entitle	₽ď		
	The number of votes cast for dissolution was sufficient for approval by	SÉURCIA TALLAHAS	1 - NOF 9002	· .	
	(voting group)	RY O	<u>-</u>	FILED	
		F STATE FLORID	PH 1: 2	U	
	Signature: (By a director, president or other other - if directors or officers have not been selected, be an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, be		O1		
	that fiduciary)				
	MARILYN IZQUIERDO	_			
	(Typed or printed name of person signing)				
	PRESIDENT	_			
	(Title of person signing)				

Filing Fee: \$35