

# P97000017642

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.  
 (Requestor's Name)  
3320 S.W. 87th AVENUE  
 (Address)  
MIAMI, FLORIDA (305)552-5973  
 (City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE

500002595225--5  
 -07/22/98--01053--001  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. WEST MEDICAL & ASSOCIATES, INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

Walk in     Pick up time 2:00     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/>            | Amendment                             |
| <input type="checkbox"/>            | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input checked="" type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

FILED  
 98 JUL 22 PM 3:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*7/22*  
*Jon*  
*Vol.*  
*Pass*

RECEIVED  
 98 JUL 22 /M 11:29  
 EXAMINER'S INITIALS

ARTICLES OF DISSOLUTION

FILED

98 JUL 22 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: WEST MEDICAL & ASSOCIATES, INC.

SECOND: The date dissolution was authorized: 07 July 1998

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.

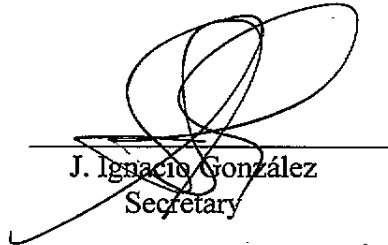
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

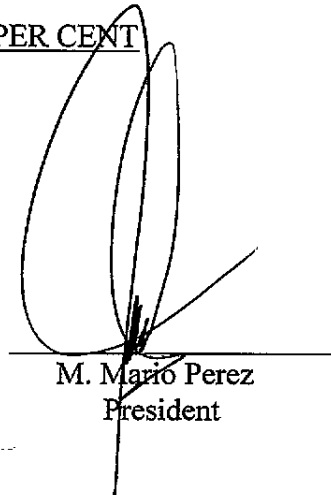
The number of votes cast for dissolution was sufficient for approval by

(100%) ONE HUNDRED PER CENT  
(voting group)

Signed this 07 day of July, 1998

Signature

  
\_\_\_\_\_  
J. Ignacio González  
Secretary

  
\_\_\_\_\_  
M. Mario Perez  
President