Requestor's Name 890 S.W. 87 AVENUE, SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone #
LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 100002319911--9 -10/14/97-01037--026 ******35.00 ******35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) walk in Certified Copy Certificate of Status Mail out Photocopy Will wait AMENDMENTS ALL Profit Amendment NonProfit Resignation of R.A., Officer/Director **Limited Liability** Change of Registered Agent Dissolution/Withdrawal **Domestication** Merger Other ed this extention Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF DISSOLUTION 97 DCT 14 PH 1:03

SECRETARY OF STATE TALLAHASSEE FLORIDA

PURSUANT TO 607.1401, FLORIDA STATUTES, THIS FLORIDA PROFIT CORPORATION SUBMITS THE FOLLOWING ARTICLES OF DISSOLUTION:

FIRST: Inc.	The name of the corporation is: <u>United Medical Center</u> ,
SECOND:	The articles of incorporation were filed on: 03/11/97.
THIRD:	X None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution:
đi	A majority of the incorporators authorized the solution.

X A majority of the directors authorized the dissolution.

Signed this 13th day of October 1997

Signature .

Bertha Montesinos President