

# LATONA & ISENBERG

ATTORNEYS AT LAW

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CERTIFIED MEDIATOR

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WILLIAM S. ISENBERG  
ALSO A MEMBER OF MASSACHUSETTS BAR  
ANTHONY R. GARRETT

P97000046110

June 5, 2000

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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-06/12/00--01132--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00


RE: GW Healthcare, Inc./Joseph Lott

To Whom It May Concern:

Enclosed please find this firm's check representing your fee along with with the Articles of Dissolution for GW Healthcare, Inc.

Should you need anything further, please do not hesitate to contact this office.

Sincerely,

  
William S. Isenberg, Esq.

WSI/srd  
Enclosure

FILED  
00 JUN 12 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Woldio*  
T LEWIS JUN 16 2000

ARTICLES OF DISSOLUTION  
GW HEALTHCARE, INC.

G.W. HEALTHCARE, INC., a Florida corporation, executes the following articles of dissolution pursuant to section 607.1403 (1995) of the Florida Business Corporation Act:

FIRST: The name of the Corporation is GW HEALTHCARE, INC.  
(the "company")

SECOND: The shareholders of the company approved the dissolution of the company on May 19, 2000.

THIRD: The number of votes cast by the shareholders of the company for dissolution was sufficient for approval of that action.

EXECUTED: May 23, 2000

GW HEALTHCARE, INC.

By: J. P. Lott  
JOSEPH LOTT

Name: JOSEPH LOTT

Title: PRESIDENT

FILED  
00 JUN 12 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF

ON THIS DAY before me, the undersigned authority, personally appeared (~~a/k/a~~) as President of GW HEALTHCARE INC., who:

(X) is personally known to me OR

( ) has produced \_\_\_\_\_ as identification

and who acknowledged to me that he is the person described in and who executed the foregoing Articles of Dissolution as the President of GW HEALTHCARE and that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 23<sup>rd</sup> day of May, 2000.

(Notary Seal)



Kathleen A. Dykes  
Signature of Notary Public

KATHLEEN A. DYKES  
Name of Notary Typed, Printed,  
or Stamped

My Commission Number:  
\_\_\_\_\_