P91000055147

Division of Corporations PO Box 6327 Tallahassee Fl 32314

RE: Dissolution of Corporation

To whom it may concern:

I am writing in regards to the dissolution of the corporation named CP Medcares Services Inc.
I am interested in receiving copies of the dissolution as well as a certificate of status. I have enclosed a check in the amount of \$52.50 to cover the filing fee as well as the amount for the certificates requested. I am available at 407-804-9014 should you have any questions.

The Tax ID # for CP Medcare Services is as follows 59-3453817.

My return address is 31 Stone Gate North Longwood Fl 32779

Thank You.

Cathie Norsen President



Wolfsol

ARTICLES OF DISSOLUTION

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

The name of the corporation is: CF THED CHRE OF ROTES,	-
The date dissolution was authorized: 3/30/2000	<u>-</u>
Adoption of Dissolution (CHECK ONE)	
solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
solution was approved by vote of the shareholders through voting groups.	
The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:	
number of votes cast for dissolution was sufficient for approval by	
(voting group) August August (By the Chairman or Vice Chairman of the Board, President, or other officer) (Typed or printed name)	
	The date dissolution was authorized: 3/30/2000 Adoption of Dissolution (CHECK ONE) solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval. solution was approved by vote of the shareholders through voting groups. The following statement must be separately provided for each voting group intitled to vote separately on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by (voting group) ed this 9th day of August Continuation of the Board, President, or other officer) (By the Chairman or Vice Chairman of the Board, President, or other officer) CATHIE P. No RSEN