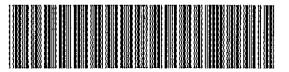
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(Req	uestor's Name)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
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(City.	/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations
SUBJECT: Dissolution of a Corporation
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROCHEILE SCAVELLA (Name of Person) (Name of Firm/Company) (Name of Firm/Company)
(Name of Firm/Company)
14102 5.W. 110 AUE (Address)
(Address)
MIAmi, FL 33176 (City/State/and Zip Code)
For further information concerning this matter, please call:
ROCHETTE Scauetta at (305) 256-4443/307-301-4414 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\sum \$35 Filing Fee & Certified Copy (Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 23, 2004

ROCHELLE SCAVELLA 14102 S.W. 110 AVE. MIAMI, FL 33176

SUBJECT: F & R MEDICAL SALES AND CONSULTING CORP.

Ref. Number: P97000095493

We have received your document for F & R MEDICAL SALES AND CONSULTING CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form must be completed in its entirety, see the highlighted areas.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 304A00012081

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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 Department of State: FCR MEDICAL SALES AND Lansulting CORP.
SECOND:	The document number of the corporation (if known): 197000095493
THIRD:	The date dissolution was authorized: 12 81 03
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	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 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
	Signed this 3 day of MArch , 2004.
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by
	that fiduciary)
	Fulix Scavella 53
	(Typed or printed name of person signing) RESIDENT TO STATE OF THE S
	(Title of person signing)

Filing Fee: \$35