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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) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Pick up time Certified Copy → Walk in Certificate of Status Photocopy Will wait Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the FORDA following articles of dissolution:	
FIRST: The name of the corpo	pration is: QUAlity Clinical LABORATORY, Inc.
SECOND: The date dissolution w	vas authorized: 03/19/1999
THIRD: Adoption of Dissolution	on (CHECK ONE)
Dissolution was approved by was sufficient for approval.	y the shareholders. The number of votes cast for dissolution
 Dissolution was approved by 	y vote of the shareholders through voting groups.
The following statement is entitled to vote separately	must be separately provided for each voting group y on the plan to dissolve:
The number of votes cast fo	r dissolution was sufficient for approval by
	(voting group)
Signed this <u>24</u> day	- February
Signature	of 18 Dieu Nieg , 19 99
(By the Chairman or V	ice Chairman of the Board, President, or other officer)
Oscar	W. Carballo
Oscar W. Carballo (Typed or printed name)	
Procin	lant

(Title)