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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : I19990000058
Phone : (954)753-2222
Fax Number : (954)753-1123

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DISSOLUTION

ETROPICAL CHIROPRACTIC AND WELLNESS GROUP, INC.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$43.75 |

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9/20/04

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 is: TRUITCHE CHIROPKHCIIC | T. | |
|---|-----------|-------|
| AND WELLNESS GROUP, INC. | | |
| SECOND: The date dissolution was authorized: SEO+ 20, 2004 | | |
| THIRD: 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 vote 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 | 04 SEP 20 | FILED |
| Signed this 20 day of September, 2004 FESTER | MII: 26 | D |
| Signature | | |
| SCOTT HERMAN (Typed or printed name) | | |
| PRESIDENT (Title) | | |

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