

| OFFICE USE ONLY (Document #) | ノイひり10 |
|--|---|
| LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE | 000002947400——4 -08/02/3901090018 *****35.00 *****35.00 office use only |
| CORPORATION NAME(S) & DOCUMENT NUMBER 1. COMPREHENSIVE DI | BER(S) (if known): AGNOSTICS CENTER INC |
| (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time 2.00 Mail out Will wait Photocopy | (Document #) (Document #) (Document #) (Document #) Certified Copy Certificate of Status |
| Profit Amendment | Irawal 9 |
| OTHER FILINGS REGISTRATIO | |

| OTHER FILNGS | |
|--------------|------------------|
| | Annual Report |
| | Fictitious Name |
| | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

Examiner's Initials



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: COMPREHENSIVE DIAGNOSTICS FIRST: SECOND: The date dissolution was authorized: 7-30-99 Adoption of Dissolution (CHECK ONE) THIRD: 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 (voting group) Signed this 30 day of 7064 19 99 (By the Chairman or Vice Chairman of the Board, President, or other officer)

PresiDea