

P98000058/43

BASIC ACCOUNTING SERVICES INC.

Requestor's Name  
692 W. 29 St. Ste #9

Address  
Hialeah Florida 33012

City State Zip  
305 887 4185

Phone#

100003481751--9  
-11/30/00--01086--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION NAME

LEVUNAN Medical & Diagnostic Center Corp.

( ) PROFIT CORPORATION ( ) NON PROFIT CORPORATION  
( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT ( ) RESERVATION  
( ) REINSTATEMENT (X) OTHER *Dissolution*  
( ) CERTIFIED COPY ( ) PHOTO COPIES ( ) CERTIFICATE  
UNDER SEAL  
( ) WALK IN ( ) WILL WAIT ( ) MAIL OUT ( ) CALL ( ) AFTER 30

Name  
Availability

Document  
Examiner

Updater

Updater  
Verifier

Acknowledgment

W.P. Verifier

FILED  
00 NOV 30 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

at 12-6  
not dissol

## 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: LEUNAN MEDICAL & DIAGNOSTIC CENTER CORP.

SECOND: The date dissolution was authorized: 10-31-00

THIRD: Adoption of Dissolution (CHECK ONE)

~~XXX~~ 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 31 th. day of October, 2000

Signature X *[Signature]*  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

MANUEL CORDOVI

(Typed or printed name)

DIRECTOR/PRESIDENT

(Title)

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