Grenberg COO Wag Requestor's Name

	Address	_
Michelle	425-8526	
City/State/Zip	Phone #	

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. M	edical Report	ing and Managem	ent Seurces
	(Corporation Name)	(Document #)	anc
2	(Corporation Name)	(Document #)	1255 1255 1255 1255 1255 1255 1255 1255
3	(Corporation Name)	(Document#)	
4.	(Corporation Ivality)	(Document #)	SEE TO THE TOTAL T
<u>-</u>	(Corporation Name)	(Document #)	0 3 C
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Ma Ma		Photocopy Gertificate of State	tus

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

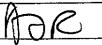
AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
 Limited Partnership
Reinstatement
 Trademark
Other

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Examiner's Initials



ARTICLES OF DISSOLUTION

MEDICAL REPORTING & MANAGEMENT SERVICES, INC.

	ection 607.1403, Florida Statutes, this Florida profit corporation submits the cles of dissolution:
FIRST:	The name of the corporation is: MEDICAL REPORTING & MANAGEMENTS SERVICES, INC.
SECOND:	The date dissolution was authorized: October 30, 1998
THIRD:	Adoption of Dissolution (CHECK ONE)
X	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 m	umber of votes cast for dissolution was sufficient for approval by
	(voting group)
Signature	Jorene Dionne, President