

998000084234

Requestor's Name
 Address
 City/State/Zip Phone #
 (727)845-3120

Office Use Only

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

1. Massage Medics, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

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 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
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 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 DIVISION OF CORPORATIONS
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Examiner's Initials	
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ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Massago Medics, Inc.

SECOND: The filing date of the articles of incorporation was: Sept. 30, 1998

THIRD: (CHECK ONE)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signed this 1ST day of JULY, 1999

Signature Karen M. Pirkola / Darla M. Kumm
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Karen M. Pirkola / Darla M. Kumm
(Typed or printed name)

President / Vice President
(Title)

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TALLAHASSEE, FLORIDA

Joseph M Minichino
My Commission CC785683
Expires October 25, 2002

[Signature]