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Fax Number : (850) 205-0380

From:
Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0653

EFFECTIVE DATE
12/31/03

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03 DEC 29 PM 2:22
DIVISION OF CORPORATIONS

DISSOLUTION

MHP HEALTH AND LIFE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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2003 DEC 29 PM 4:29
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Volum. Diss.

12/30/03

DEC. 29. 2003 2:15PM

ROGERS TOWERS

NO. 6645 P. 2/3

H03000342837

MHP HEALTH AND LIFE, INC.
ARTICLES OF DISSOLUTION

Pursuant to Section 607.1403, Florida Statutes, MHP HEALTH AND LIFE, INC., a Florida corporation (the "Corporation"), submits the following articles of dissolution:

ARTICLE I
NAME

The name of the Corporation is: MHP HEALTH AND LIFE, INC.

EFFECTIVE DATE
12-31-03

ARTICLE II
DATE DISSOLUTION AUTHORIZED

The shareholders of the Corporation authorized the dissolution of the Corporation on November 25, 2003.

ARTICLE III
SHAREHOLDER APPROVAL

The dissolution was approved by written consent of the shareholders of the Corporation and the number of votes cast for dissolution was sufficient for approval.

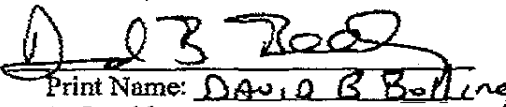
ARTICLE IV
EFFECTIVE DATE

The effective date of the dissolution will be December 31, 2003.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the Corporation by its duly authorized officer on December 18, 2003.

MHP HEALTH AND LIFE, INC.

By:


Print Name: David B. Bolling
Its President

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DEC. 29. 2003 2:15PM

ROGERS TOWERS

NO. 6645 P. 3/3

H03000342837

**NOTICE OF CORPORATE DISSOLUTION
OF
MHP HEALTH AND LIFE, INC.**

This Notice of Corporate Dissolution is submitted by **MHP HEALTH AND LIFE, INC.**, a dissolved Florida corporation (the "Corporation"), for resolution of payment of unknown claims against this Corporation as provided in Section 607.1407, Florida Statutes.

1. Name of Corporation: MHP HEALTH AND LIFE, INC.
2. Date of Dissolution will be December 31, 2003.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of Claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the corporation to evaluate the merits of such claim.
4. Mailing address where claims can be sent:

MHP HEALTH AND LIFE, INC.
c/o Joanne L. Martin
4500 San Pablo Road
Jacksonville, Florida 32224

5. A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this Notice of Corporate Dissolution.

IN WITNESS WHEREOF, this Notice of Corporate Dissolution has been executed on behalf of the Corporation by its duly authorized officer on December 18, 2003.

MHP HEALTH AND LIFE, INC.

By:

Print Name: DAVID R. BOLLING

Its: President