P99000084469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
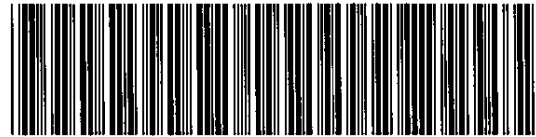
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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LAZARUS
CORPORATE FILING SERVICE

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

1. _Preferred Medical Equipment supply Inc._
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

4. _____
   (Corporation Name)   (Document #)

☒ Walk in   ☒ Pick up time _2.00_   ☐ Certified Copy

☐ Mail out   ☐ Will wait   ☐ Photocopy   ☐ Certificate of Status

NEW FILINGS

☒ Profit
☐ Not for Profit
☐ 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

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Preferred Medical Equipment Supply, INC. (P99000084469)

SECOND: The date dissolution was authorized: 05/7/07

THIRD: Adoption of Dissolution (check one)

☑ 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 5 day of 07 , 07 .

Signature Nitza Rosado

(By the Chairman or Vice Chairman of the Board,
President, or other officer)

NITZA ROSADO

(Typed or printed name)

President

(Title)