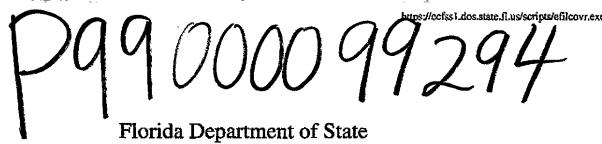
Division of Corporations



Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H00000055772 8)))

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To:

Division of Corporations

Fax Number : (850)922-4000

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

DISSOLUTION

IMMEDIATE MEDICAL CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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ON OF CORPORATIONS

VUM. Dissolved

10/23/00 2:31 PM

ARTICLES OF DISSOLUTION

<u>OF</u>

IMMEDIATE MEDICAL CARE, INC.

FILED WEST STATE A SECURIOR PLANS SEE FLORIDA

The undersigned acting as PRESIDENT of <u>IMMEDIATE MEDICAL CARE, INC.</u>, under the Florida Business Corporations Act pursuant to a resolution unanimously adopted on October 1, 2000, by the directors and shareholders of IMMEDIATE MEDICAL CARE, INC., files the following Articles of Dissolution:

ARTICLE I - NAME

The name of this Corporation is and was IMMEDIATE MEDICAL CARE, INC.

ARTICLE II - DATE OF DISSOLUTION

The effective date of dissolution shall be the date in which the undersigned president set forth his signature below.

ARTICLE III - DISSOLUTION PURSUANT TO F.S. 607.1402

The undersigned represents that he is the PRESIDENT of IMMEDIATE MEDICAL CARE.

INC. Furthermore, the undersigned represents that all procedures precedent to this dissolution have been preformed pursuant to the above-referenced statute being Florida Statute 607,1403.

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ARTICLE IV - ASSETS

The undersigned corporate offices acting on behalf of IMMEDIATE MEDICAL CARE, INC., hereby state and affirm that the corporation does not possess, cover, or own any assets.

DATED 100

DAVID LAVOCHNIE, as Fresident of IMMEDIATE MEDICAL CARE, INC.

STATE OF CALIFORNIA

COUNTY OF LOS CHANGERS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared <u>DAVID LAVOCHNIK</u>, known to me to be the person described herein and who produced <u>Presidential Passageory</u>, as a form of identification, who executed the foregoing Articles of Dissolution and acknowledged before me that he executed these Articles of Incorporation and that the contents therein are known to be true to the best of his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official scal in the State and County aforesaid this 19 day of 00 1000.

NOTARY PUBLIC, State of California at Large

PRINT NAME

MAGDA REYES
Comm. # 1188465
NOTARY PUBLIC - CALIFORNIA
Los Angeles County
My Comm. Expires Jure 28, 2002