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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

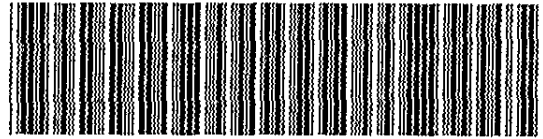
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TALLAHASSEE, FLORIDA

Medical
Business Solution, Inc.

41 Phillips Ave
Ponte Vedra Beach, FL 32082
(904) 285-9870 Ph
(904) 285-4066 Fax
Email: medbinc@aol.com


September 25, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed please find Articles of Dissolution for Medical Business Solution, Inc. My contact information is listed above.

Sincerely,



Peter Laliberte
President

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: Medical Business Solution, Inc.

SECOND: The date dissolution was authorized: September 25, 2003

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 25th day of September, 2003.

Signature _____

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

Peter J. Calabrese
(Typed or printed name)

President
(Title)

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