527	751	
Grant Medica (Trans	poration Inc.	
Requester's Name P.O. BOX 2444 Address	:	
	33949	
City/State/Zip Phone #	<u> </u>	8000053075380 -04/19/0201011012 *****35.00 *****35.00
		Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (i	•
1.		grader Ta
(Corporation Name)	(Document #)	
Corporation Name)	(Document #)	
3		
(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	02 TALL
Profit Not for Profit	Amendment	A., Officer/Director: ∞
Limited Liability	L Change of Regist	ered Agent
Domestication Other	Dissolution/With	drawal
OTHER FILINGS	REGISTRATION/O	
Annual Report Fictitious Name	Foreign Limited Partnersh	
	Reinstatement Trademark	
	Other	4/22/22
ID 00 DA 1 / C / OC \	_	Examiner's Initials T. Levers

CR2E031(7/97)

ARTICLES OF DISSOLUTION

OZ APA IS DI TALLANASSEE TO SALLANASSEE TO SALLANAS

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

FIRST:	The name of the corporation is: Grant Medical	Services, Incorpor
SECOND:	The date dissolution was authorized: 4-10-62	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	solution was approved by the shareholders. The number of votes sufficient for approval.	cast for dissolution
☐ Diss	solution was approved by vote of the shareholders through voting	groups.
	he following statement must be separately provided for each voti ntitled to vote separately on the plan to dissolve:	ng group
The	number of votes cast for dissolution was sufficient for approval b	у
 Sig	ned this 12 th day of April ,	2002.
Signature	Mulal AII	
	(By the Chairman or Vice Chairman of the Board, President, or other officer) Michael J. Grant	
	(Typed or printed name) Uice Pres.	
	(Title)	