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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entry Name)		
(Document Number)		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Florida 32314

SUBJECT: Dissolution of Integrated Medical Consulting Services, Inc.				
DOCUMENT NUMBER: S33395				
The enclosed Articles of Dissolution and	fee are submitted for filing.			
Please return all correspondence concerni	ing this matter to the following:			
Patrick G. Wa	lther			
(Name o	of Person)			
Integrated Me	edical Consulting Services, Inc.			
(Name o	of Firm/Company)			
14502 North I	Dale Mabry Highway; Suite 327			
	(Address)			
Tampa, Flori	da 33618			
	/State/and Zip Code)			
For further information concerning this m	natter, please call:			
Patrick G. Walther	at (<u>813</u>) <u>935-0942</u>			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amo	ount:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\square \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street			

Tallahassee, Florida 32399

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 as currently filed with the Department of State:				
	Integrated Medical Consulting Services, Inc.				
SECOND:	The document number of the corporation (if known): \$33395				
THIRD:	The date dissolution was authorized: November 29, 2004				
	Effective date of dissolution if applicable: December 1, 2004 (no more than 90 days after dissolution file date)				
FOURTH:	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 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 14th. day of December 2004				
Signa	ture: Dwalke				
. 	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	Patrick G. Walther				
	(Typed or printed name of person signing)				
	Senior Vice President / Director				
	(Title of person signing)				

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Integrated Medical Consulting Services, Inc.						
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.						
Description of information that must be included in a claim:						
Name, Address	and Title of contact person;					
Reason(s) for Claim being filed;						
Date(s) of occu	rence of Claim;					
Type of Claim being filed;						
Amount associated with Claim.						
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)						
	Garrett O. Smith, Jr.	and/or	Patrick G. Walther			
	7256 Bailey Cove Road	- 3- <u></u>	14502 N. Dale Mabry Highway			
	Huntsville, AL. 35802		Suite 327			
			Tampa, FL. 33618			
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.						

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Patrick G. Walther

Printed Name of the Person Filing