(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/12/02--01074--006 **\$2.50



December 9, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the Articles of Dissolution for a Florida Subchapter-S Corporation, Definitive Health Services Incorporated. As identification, our Federal ID Number is 59-3114604.

I, Lorna Grade, am the Registered Agent and our address was noted as 2699 Lee Road, Suite 230, Winter Park, FL 32789, although we no longer have an office.

By unanimous approval of the shareholders, we agreed to dissolve the Corporation on May 31, 2001. We stopped business as of December, 2001, and have used the current year to collect outstanding receivables. The dissolution of the corporation will be effective December 31, 2002.

I have enclosed Check #8027 in the amount of \$52.50 for the following:

\$35.00	Filing fee for the Articles of Dissolution
\$ 8.75	Certified copy of the dissolution
\$ 8.75	Certificate of status
\$52.50	

Please mail the above certified copies to:

lana Duse

Definitive Health Services Incorporated

413 E. Birch Avenue Milwaukee, WI 53217

If you have any questions, please feel free to call me at my home at (414) 332-9219.

Sincerely,

Lorna Grade

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: Definitive Heal-	th_
	The name of the corporation is: <u>Definitive Heal</u> . Services, Incorporate Q	5 <u>45</u>
SECOND:	The date dissolution was authorized: May 31, 2	001
THIRD:	Adoption of Dissolution (CHECK ONE)	
Diss was	solution was approved by the shareholders. The number of votes cas sufficient for approval.	t for dissolution
☐ Dis	solution was approved by vote of the shareholders through voting gro	oups.
e	The following statement must be separately provided for each voting a natitled to vote separately on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by	<i>group</i>
	(voting group)	
Sig	ned this 5th day of December, 2	2002
Signature _	doina Frade -	
	(By the Chairman or Vice Chairman of the Board, President, or other officer) Lorna Gradz (Typed or printed name) President (Title)	FILED 02 DEC 12 PM 4: SECRETARY OF STATALLAHASSEE, FLORE