Requester's Name 5 + 2 East Parkax Address Tallahassee 22-3 City/State/Zip Phone #	314	FILED OZ JAN 29 PM 4: A SECRETARY OF STAT TALLAHASSEE, FLORI
CORPORATION NAME(S) & DOCUME		•
1. Tallahassa Head Ossa (Corporation Name)	(Document #)	
Corporation Name) (Corporation Name) (Corporation Name)	(Document #)	RECEIVED 02 JN 29 PM 4: 39 DIVISION OF CORPORATION
(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit	AMENDMENTS Amendment Resignation of R.A.	000048347350 -01/30/0201001013 *****35.00 *****35.00
☐ Limited Liability ☐ Domestication ☐ Other	Change of Registere Dissolution/Withdra Merger	d Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	unitense JAN 2 9 2002)
		Examiner's Initials

CR2E031(7/97)

ARTICLES OF DISSOLUTION OF TALLAHASSEE HEART ASSOCIATES, P.A.



NAME

The name of the Corporation being dissolved is Tallahassee Heart Associates, P.A. (the Corporation).

DATE

Dissolution was authorized by the Shareholders of the Corporation on October 1, 2001.

SHAREHOLDER APPROVAL

The dissolution of the Corporation was approved by every one of its shareholders. This is a sufficient number for approval.

EFFECTIVE DATE

The Corporation shall be dissolved effective December 31, 2001.

Dated this 29 day of January, 2002.

TALLAHASSEE HEART ASSOCIATES, P.A.

Bv:

Joseph C. Baker as Vice President

STATE OF FLORIDA COUNTY OF LEON

The foregoing was acknowledged before me this 29 day of January, 2002 by Joseph C. Baker, as Vice President of Tallahassee Heart Associates, P.A., who (1) is personally known to me (1) produced as identification.

Notary Public-State of Florida
Print name:
My commission expires:

