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Fax Number : (850) 205-0380

From:

Account Name : DUANE MORRIS & HECKSCHER, LLP

Account Number : I19990000059 Phone : (305)960-2220

: (305)960-2201 Fax Number

DISSOLUTION OR WITHDRAWAL

MIAMI CHILDREN'S PHYSICIAN-HOSPITAL ORGANIZATION, IN

Certificate of Status	1	
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DUANE MORRIS MIAMI (((H060001308673)))

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Miami Children's Physician Hospital Organization, Inc. The document number of the corporation (if known): N95000004180 SECOND: Adoption of Dissolution THIRD: (Complete Section I or II) SECTION I If the corporation has members entitled to vote: The date of the meeting of members at which the resolution to dissolve was adopted February 7, 2006 (CHECK ONE) The number of votes cast for dissolution was sufficient for approval. The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution. The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was _ The number of directors in office was _____ and the vote for resolution was

_____against. (must be a majority vote)

05/10/2008 15:53 FAX

<u>duane morris miami</u> (((H06000130867 3)))

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FOURTH:	Effective date of dissolution if applicable: Opon ming
	(no more than 90 days after dissolution file date)
	·
	Bergo a. Olana
	Signature Claw Ct. Cartes (By the chairman or vice chairman of the board, president or other
	officer- if directors have not been selected, by an incorporator- if in
	the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Pedro Alfaro, Chairman
	(Typed or printed name of the person signing)
	·.
	(Title of person signing)

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