

PO2000111550

(Requestor's Name)

STRUCTURAL PAIN CENTER, P.A.
P. O. BOX 4740
OCALA, FL 24478

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

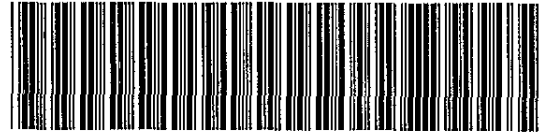
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/10/06

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 Florida Department of State:

STRUCTURAL PAIN CENTER, P.A.

SECOND: The document number of the corporation (if known):

P02000111550

THIRD: The date dissolution was authorized:

3-22-06

Effective date of dissolution if applicable:

SAME

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[] Dissolution was approved by 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)

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Signature:

[Handwritten Signature]

(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)

SAMUEL Z. POLLAK

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35