

P03000029515

(Requestor's Name)

PHYSICAL MEDICAL CENTER, P.A.
P. O. BOX 4740
OCALA, FL 34478

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

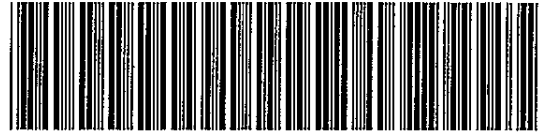
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600068644036

03/27/06--01027--020 **35.00

FILED
06 MAR 27 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Handwritten initials)

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:

Physical Medical Center, PA.

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

PO3000029515

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 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 27 AM 9:44

FILED

Signature:

Sanford Z. Pollak
(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)

Sanford Z. Pollak

(Typed or printed name of person signing)

Pres

(Title of person signing)

Filing Fee: \$35