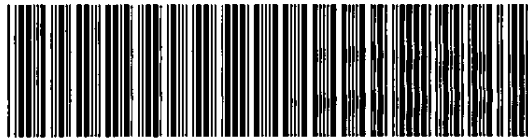


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VD

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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TALLAHASSEE, FLORIDA

Roberts NOV 17 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A WOMAN'S CHOICE OF JACKSONVILLE, INC

DOCUMENT NUMBER: P10000060735

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KELLY MARTIN

(Name of Contact Person)

A Jacksonville Women's Health Center, Inc

(Firm/Company)

4131 University Boulevard South, Building 2

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Martin

(Name of Contact Person)

at (904) 334-7803

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED
10 NOV 15 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A WOMAN'S CHOICE OF JACKSONVILLE, INC

SECOND: The document number of the corporation (if known): P10000060735

THIRD: The date dissolution was authorized: 11/01/2010

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

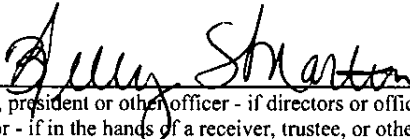
Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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

A WOMAN'S CHOICE OF JACKSONVILLE, INC
(voting group)

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)

Kelly Martin
(Typed or printed name of person signing)

Title PD
(Title of person signing)

Filing Fee: \$35

**A Woman's Choice of Jacksonville
4131 University Boulevard South
Jacksonville, FL 32216**

*****MEETING MINUTES*****

Meeting

Meeting was called to order on October 29, 2010 at 10:00 a.m.

Business

Subject of minutes is the dissolution of A Woman's Choice of Jacksonville, Inc.

I, Kelly Martin, will not revoke my dissolution of A Woman's Choice of Jacksonville, Inc.

Furthermore, I release the name A Woman's Choice of Jacksonville, Inc to A Jacksonville Women's Health Center, Inc on this day, October 29th, 2010.

Meeting adjourned at 10:10 a.m., October 29th 2010