

P970000009967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

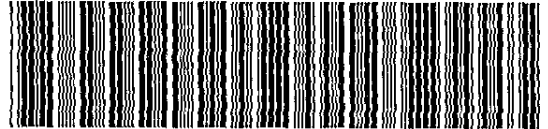
(Business Entity Name)

(Document Number)

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01/31/06--01002--003 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JAN 30 PM 3:19

FILED

DIVISION OF REGISTRATION

06 JAN 30 PM 2:58

RECEIVED

AJB
1/30/06

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

South Florida Microsurgery
Associates, P.A.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

1/30/06 12:36

ARTICLES OF DISSOLUTION OF
SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.

The undersigned, for the purpose of dissolving a professional
service corporation under and pursuant to sections 607.1402 and
621.13, Florida Statutes, hereby adopts the following
dissolution:

FILED
06 JAN 30 PM 3:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE ONE

The name of this corporation is SOUTH FLORIDA MICROSURGERY
ASSOCIATES, P.A.

ARTICLE TWO

The date the dissolution was authorized by the Board of
Directors was as of December 31, 2005 and the date the question of
dissolution of the corporation was submitted to the shareholders
for their vote in accordance with the procedures prescribed by §
607.1402, Florida Statutes was as of December 31, 2005.

The date the dissolution was voted upon and authorized by the
shareholders was as of December 31, 2005.

ARTICLE THREE

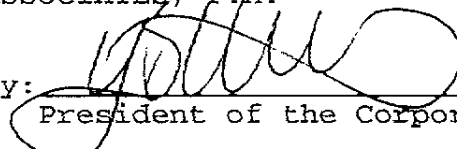
The number of shares cast on the question of dissolution was
sufficient for approval, and the number of shares voting in favor
of dissolution was sufficient for dissolution.

ARTICLE FOUR

These articles of dissolution shall take effect as of December
31, 2005, which is the date as of which their approval was voted on
by a majority of the shares of stock of the corporation issued and
outstanding.

IN WITNESS WHEREOF, the undersigned president of the
Corporation has hereunto set his hand this 25th day of
January, 2006 in accordance with the written direction to do
so of the board of directors of the Corporation and the registered
owners of a majority of the shares of stock of the corporation
issued and outstanding.

SOUTH FLORIDA MICROSURGERY
ASSOCIATES, P.A.

By: 
President of the Corporation

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in sections 607.1407, 621.13 and 95.11(4)(b), Florida Statutes.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name, current address, telephone number and contact person of the claimant; an invoice or document evidencing the basis for the claim; the amount of the claim; a description of the nature of and basis for the claim; and claimant's certification under oath or declaration under penalty of perjury that the claim is valid, was tendered or submitted to the corporation prior to its dissolution and is unpaid. If the claim is for alleged medical malpractice, the claimant must follow the pre-suit notice and other requirements for the filing of such claims under chapter 766, Florida Statutes

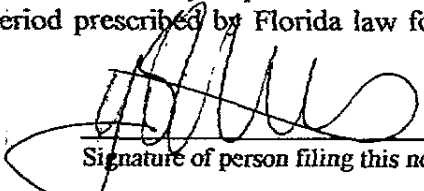
Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

South Florida Microsurgery Associates, P.A.
1150 N. 35th Avenue, Suite 550
Hollywood, Florida 33081

A claim against the above named corporation for medical negligence or malpractice will be barred unless a proceeding to enforce the claim is commenced within the 2 year period prescribed by section 95.11(4)(b), Florida Statutes and all pre-suit notice requirements of chapter 766, Florida Statutes have been satisfied. All other claims against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice with the Florida Division of Corporations

This notice is neither intended nor to be construed as a waiver of any requirements of chapter 766, Florida Statutes or an extension of any limitations period prescribed by Florida law for claims of medical negligence or professional malpractice

Youn Samadon
printed name of person filing this notice


Signature of person filing this notice

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00