/ 13 EL D	AS E. WILLIAMSON, M.D. ORADO DR FL. 34285	
City/State/	Zip Phone#	Office Use Only
I(Corp	•	BER(S), (if known):
3. (Corp	poration Name) (Doc	2000020385827 -12/26/9601074019 ************************************
	Pick up time Will wait Photocopy	Certified Copy Certificate of Status
NEW FILINGS 212 Profit NonProfit	AMENDMENTS Arnendment Resignation of R.A., Officer/ Direct	
Limited Liability Domestication Other	Change of Registered Agent Dissolution/Withdrawal Merger	96 DEC 26 SECRETAR TALLAHAS
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/S QUALIFICATION Foreign	96 DEC 26 AM 10: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name Reservation	Limited Partnership Reinstatement Trademark	Diss

Examiner's Initials

CR2E031(1.95)

EFFECTIVE DATE

12-31-96

FILED

ARTICLES OF DISSOLUTION 96 DEC 26 AH 10: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to section 607, 1403, Florida Statules, this Florida profit corporation submits the following articles of dissolution:

FIRST: The na	me of the corporation is:
Willi	emson Eye haboratories, Inc.
	te dissolution was authorized: 12/16/96
	Effective 12-31-96
THIRD: Adopti	on of Dissolution (CHECK ONE)
Dissolution was sufficien	was approved by the shareholders. The number of votes cast for dissolution at for approval.
Dissolution	was approved by vote of the shareholders through voting groups.
The follow entitled to	wing statement must be separately provided for each voting group vote separately on the plan to dissolve:
The number	of votes cast for dissolution was sufficient for approval by
	(voting group)
Signed this	16th day of December, 1996.
Signature	by the Chairman or Vice Chairman of the Board, President, or other officer)
<u>_</u> \(\)	oughas E. Williamson, M.D. (Typed or printed name)
T	Resident