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TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: HENRY H SCHILOWITZ, MD PA DOCUMENT NUMBER: 454068 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Henry H. Schilowitz (Name of Person) Henry H Schilowitz, MD PA (Name of Firm/Company) 31 Maitland Groves Road (Address) Maitland, FL 32751 (City/State/and Zip Code) For further information concerning this matter, please call: at (407) 644-5685 Henry Schilowitz (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to sof dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles in:
FIRST:	The name of the corporation as currently filed with the Department of State: HENRY H. SCHILOWITZ, M.D., P.A.
SECOND:	The document number of the corporation (if known): 454068
THIRD:	The date dissolution was authorized: NOVEMBER 1, 2004
	Effective date of dissolution if applicable: DECEMBER 20, 2004
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 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
Signati	Signed this
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	President (Title of person signing)

Filing Fee: \$35