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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
AND ANASSEE FLORID

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TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: DISSOLUTION OF LOWELL E. CLARK, MD PA DOCUMENT NUMBER: FED ID#59-1575554 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOWELL CLARK (Name of Person) LOWELL E CLARK, MD PA (Name of Firm/Company) **4225 SE CENTERBOARD LANE** (Address) STUART, FL 34997 (City/State/and Zip Code) For further information concerning this matter, please call: LOWELL CLARK at 772-288-1100 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, \$35 Filing Fee Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

	ticles of dissolution:
FIRST:	The name of the corporation as currently filed with the Department of State:
	LOWELL E CLARK, M.D., P.A.
SECOND:	The document number of the corporation (if known): FED ID#59-1575554
THIRD:	The date dissolution was authorized: 3/31/2005
	Effective date of dissolution if applicable:
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
Signa	(voting group) Signed this 39 day of hely 2005. Ature: (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)
	LOWELL CLARK (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(True or person signing)

Filing Fee: \$35