515243

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(
(Document Number)	_
(
Certified Copies Certificates of Status	
	_
The state of the s	7
Special Instructions to Filing Officer:	
,	ı
5	

Office Use Only

Dissolution



300008957943

11/15/02--01049--007 **35.00

OZ NOV 15 AM 9: 34.
SECRLIARY OF STATE.
ALLAHASSEF F. STATE.

T BROWN NOV 2 0 2002

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PRG Florida III, Inc.

(Name of corporation)

DOCUMENT NUMBER: 515243

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

Please return all correspondence concerning this matter to the following:

Isabel Mahmood

(Name of Person)

Physicians Resource Group

(Firm/Company)

5005 Riverway, Suite 400

(Address)

Houston, TX 77056

(City/State and Zip code)

For further information concerning this matter, please call:

Isabel Mahmood

at (713) 629-5777

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations

409 E. Gaines St.

Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section:
Division of Corporations

P.O. Box 6327

Tallahassee, FL. 32314

ARTICLES OF DISSOLUTION

O2 NOV 15 AH 9: 34

TALLAHASSEE, FLORIDA

n submits the

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is:
PRG FLORIDA III, INC.
SECOND: The date dissolution was authorized: 11-01-02
THIRD: 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 vote 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
(voting group)
Signed this 4th day of Novamber 2007
Signature
(By the Chairman or Vice Charman of the Board, President, or other officer) (Typed or printed name) RESIDENT (Title)