549631

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Temith MAY 23 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Corprole Articles / Dissolution
DOCUMENT NUMBER: # 549631
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GARY KButfington
(Name of Person) Ruffingstw's (Name of Firm/Company)
(Name of Firm/Company) 2357 Greenbrien Blu
Pensarola FC 32514
(City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (87) 477-9180 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\ \text{\$43.75 Filing Fee & }\ \text{\$43.75 Filing Fee & }\ \text{\$52.50 Filing Fee,} \\ \text{Certificate of Status} Certified Copy & Certificate of Status & Certified Copy & Certified C
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

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Gary K. Buttington, M.D., P.A.
SECOND:	The document number of the corporation (if known): # 549631
THIRD:	The date dissolution was authorized: 5-1-05
	Effective date of dissolution if applicable: 5-1-05 (no more than 90 days after dissolution file date)
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
	O51
	(voting group)
;	Signed this 12 day of MA 300) SEE 5 =
S	
	Signature: (By addirector, president or other officer - if directors profficers have not been selected, by
	an inderporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	GARY K Buffington MD
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35