

12/31/03 10:31 FAX

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Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
Account Number : 072720000266
Phone : (941) 366-4800
Fax Number : (941) 366-5109

RECEIVED
03 DEC 31 AM 10:40
DIVISION OF CORPORATIONS

DISSOLUTION

NEUROLOGICAL ASSOCIATES, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DISS w/ notice
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

NEUROLOGICAL ASSOCIATES, P.A., a corporation organized under the laws of the State of Florida, having taken action to dissolve under the provisions of Section 607.1402, Florida Statutes, governing voluntary dissolution by consent of the shareholders, hereby files these Articles of Dissolution in accordance with Section 607.1403, Florida Statutes.

1. The name of the corporation is NEUROLOGICAL ASSOCIATES, P.A.
2. Dissolution of the corporation was authorized on December 31st, 2003.
3. The number of shares cast for dissolution, or consenting in writing to dissolution, was sufficient for approval.

In witness whereof, I have executed these Articles of Dissolution this 31st day of December 2003.

NEUROLOGICAL ASSOCIATES, P.A.

By: Peter MayerIts President

H03000344593 3

H03000344593 3

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: NEUROLOGICAL ASSOCIATES, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

NAME AND ADDRESS OF CLAIMANT;

DETAILED DESCRIPTION OF THE NATURE OF THE CLAIM; AND

THE ALLEGED FACTS GIVING RISE TO THE CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

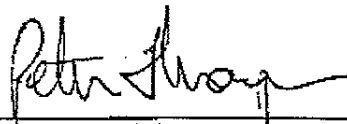
5881 BEE RIDGE ROAD, SUITE 100

SARASOTA, FLORIDA 34233

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PETER L. MAYER

Printed Name of the Person Filing


Signature of the Person Filing

H03000344593 3

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00