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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bt	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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AJR 5/8/03 Joseph Wanka, M.D., P.A.

22 Winnebago Road Ft. Lauderdale, FL 33308

Telephone 954-943-3278 Fax 954-943-4048 EWANK@aol.com

April 25, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

Enclosed are the executed Articles of Dissolution for Joseph Wanka, M.D., P.A., FEI Number 59-2103409.

Please return a certified copy of the dissolution and a certificate of status. Our check in the amount of \$52.50 to cover these items and the filing fee is enclosed.

Sincerely,

Evelyn D. Wanka

Evelyn D Wanka

ARTICLES OF DISSOLUTION

	section 607.1403, Florida Statutes, this Florida profit corporation submits the rticles of dissolution:
FIRST:	The name of the corporation is: Joseph WANKA, M.D., P.A.
SECOND:	The date dissolution was authorized: 4/25/2003
THIRD:	Adoption of Dissolution (CHECK ONE)
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	solution was approved by vote of the shareholders through voting groups.
	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sig	med this <u>25</u> day of <u>April</u> , <u>2003</u> .
Signature _{	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	EVELYN D. WANKIA (Typed or printed name)
	Cersonal regressentative (Title)