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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

DISSOLUTION OR WITHDRAWAL

IBULATORY CARE-BROWARD DEVELOPMENT CORP.

| Certificate of Status | 0 |
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NOV 182008

EXAMINER

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: | | |
|---------|--|--|--|
| | Ambulatory Care-Broward Development Corp. | | |
| SECOND: | The document number of the corporation (if known): G00729 | | |
| THIRD: | The date dissolution was authorized: November 3, 2008 | | |
| | Effective date of dissolution if applicable: (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 east 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 | | |
| | 1,000 | | |
| | (voting group) | | |
| | Signature: (By a director, president or other officers 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) | | |
| | Kristina A. Muck | | |
| | (Typed or printed name of person signing) | | |
| | Sole Director | | |
| | (Tide of person signing) | | |

Filing Fec: \$35