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FILED

Dear Sir or Madam,

02 MAY -2 PM 3:08

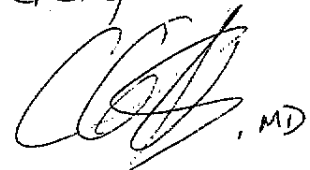
DISSOLUTION OF STATE
TALLAHASSEE, FLORIDA

I am enclosing an Articles of
with a check for \$43.75. This amount includes
the \$35 filing fee and \$8.75 for a certified
copy of the dissolution. Please send the
certified copy of dissolution to 1000 45th St., ^{suite} #1,
West Palm Beach, FL 33407. If you have
any questions, I can be reached at
(561) 863-1000. My wife (and the registered
agent), Debra G. Sokoloff, would be the
best person to speak to.

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-05/02/02--D1080--007
****43.75 ****43.75

Thank you.

Sincerely



DANIEL O. SOKOLOFF, MD

Daniel Sokoloff, MD
1000 45th St, Suite 1
West Palm Beach, FL
33407

PS 5/9/02
DISS

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: DANIEL O. SOKOLOFF, M.D., P.A.

SECOND: The date dissolution was authorized: 6 / 30 / 01

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.

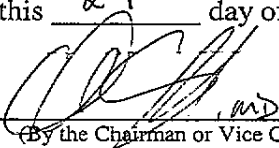
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 29 day of April, 2002.

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

DANIEL O. SOKOLOFF, M.D.

(Typed or printed name)

PRESIDENT

(Title)