

PLASTIC AND RECONSTRUCTIVE SURGERY  
PROFESSIONAL ASSOCIATION  
16400 NORTHWEST 2ND AVENUE, SUITE 200 102  
NORTH MIAMI BEACH, FLORIDA 33169  
TELEPHONE (305) 940-6311

H 70613

May.08,2001

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

To whom it may concern,

I am enclosing Articles of Dissolution for Neal P. Wittels, M.D. P.A. with the appropriate fee of \$35. Also a status report fee of \$8.75. I would also like a status report on The Centre of Cosmetic Surgery and enclosed is the fee of \$8.75. Thanking you in advance.

Sincerely,



Neal P. Wittels, M.D.

N.P.W. / m.p.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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5-17  
Neal  
Wittels

## 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 is: NEAL P. WITTELS, M.D., P.A.

SECOND: The date dissolution was authorized: 1/1/01

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

NEAL P WITTELS MD  
(voting group)

Signed this 8 day of MAY, 2001.

Signature Neal P Wittels MD PA  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

NEAL P WITTELS MD  
(Typed or printed name)

Pres.  
(Title)

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