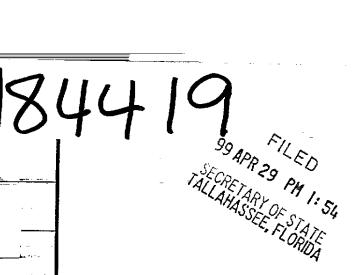


City/State/Zip

Phone #



Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

•	(Corporation Name)	(Document #)
	(Corporation Name)	(Document #)
	(Corporation Name)	(Document #)
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Walk in	Pick up time	Certified Copy
Mail out	☐ Will wait	Photocopy Certified Copy  Certificate of Status

NEW FILINGS
Profit
NonProfit
 Limited Liability
Domestication
 Other

AMENDMENTS
 Amendment
 Resignation of R.A., Officer/ Director
 Change of Registered Agent
Dissolution/Withdrawal
 Merger

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

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MAY 6 1999

Examiner's Initials K FIRST:

## ARTICLES OF DISSOLUTION

FILED

99 APR 29 PM 1: 55

SECRETARY OF STATE
ALLAHASSEE, FLORIS

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

SECOND: The date dissolution was authorized: APRIL 27, 1999	· -
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 $37\%$ day of $APRIL$ , 1997.	
Signature (By the Chairman or Vice Chairman of the Board, President, or other officer)	· · ·
MANJU AGHRVIAL M.D. (Typed or printed name)	-
PRESIDENT.	<u>-</u> .

The name of the corporation is: AAMS FAMILY HEALTH CENTER, P.A.