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December 22, 2000

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

200003516492--8
-12/29/00--01010--004
*****43.75 *****43.75

Re: Chas A. Horan, III, M.D. and David A. Turner, M.D., P.A.

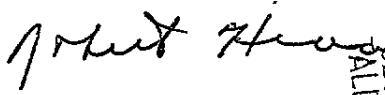
Gentlemen:

Enclosed please find for filing the following:

1. Original Articles of Dissolution of Chas A. Horan, III, M.D. and David A. Turner, M.D., P.A.; and
2. Filing fee in the amount of \$43.75.

Please return certified Articles of Dissolution to the undersigned. Thank you.

Very truly yours,


Robert A. Kramer
For the Firm

RAK:lb
Enclosures

FILED
DEC 28 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VO/dis
JAN 8 2001

ARTICLES OF DISSOLUTION OF
CHAS A. HORAN, III, M.D. AND DAVID A. TURNER, M.D., P.A.

FILED
00 DEC 28 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMES NOW, Chas A. Horan, III, M.D. and David A. Turner, M.D., P.A., a Florida corporation ("Corporation"), and hereby submits to the Secretary of State of the State of Florida these Articles of Dissolution of said Corporation and sets forth the following:

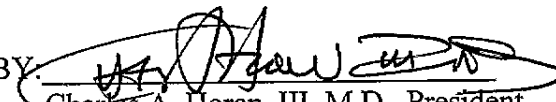
- A. The name of the Corporation is Chas A. Horan, III, M.D. and David A. Turner, M.D., P.A.
- B. Dissolution was authorized by the Board of Directors and Shareholders of the Corporation on December 19, 2000.
- C. The Board of Directors of said Corporation by unanimous vote recommended dissolution to the Shareholders of the Corporation.
- D. After receipt of the Resolution of the Board of Directors recommending dissolution of the corporation, the Shareholders of this Corporation voted unanimously that the Corporation be dissolved.
- E. All conditions precedent to filing Articles of Dissolution of this Corporation as required by Chapter 607, Florida Statutes, have been properly done and performed.

IN WITNESS WHEREOF, Chas A. Horan, III, M.D. and David A. Turner, M.D., P.A. has caused this instrument to be executed by its President and its corporate seal affixed this 19th of December, 2000.

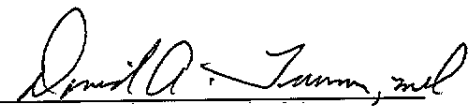
Signed in the presence of:

CHAS A. HORAN, III, M.D. and DAVID A.
TURNER, M.D., P.A.

Robert A. Thomas
Lynia Brackett

BY: 
Charles A. Horan, III, M.D., President

Attest:

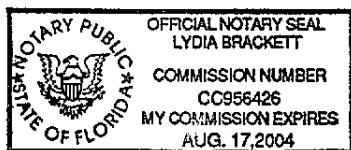
By: 
David A. Turner, M.D., Secretary

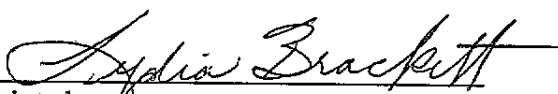
(Corporate Seal)

STATE OF FLORIDA

COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me by Charles A. Horan, III, M.D, as President of Chas A. Horan, III, M.D. and David A. Turner, M.D., P.A., a Florida corporation, on behalf of the Corporation, who personally appeared before me and is personally known to me, or has produced _____ as identification, and who did not take an oath, this the 19th day December, 2000.



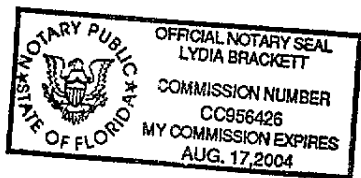

Printed name: _____
Notary Public, State and County Aforesaid
Commission No. _____
My Commission Expires: _____

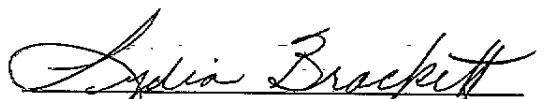
(Notary Seal)

STATE OF FLORIDA

COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me by David A. Turner, M.D., as Secretary of Chas A. Horan, III, M.D. and David A. Turner, M.D., P.A., a Florida corporation, on behalf of the Corporation, who personally appeared before me and is personally known to me, or has produced _____ as identification, and who did not take an oath, this the 19th day December, 2000.




Printed name: _____
Notary Public, State and County Aforesaid
Commission No. _____
My Commission Expires: _____

(Notary Seal)