丁70383

BRUCE R. ABERNETHY, JR., P.A.

ATTORNEY AT LAW

900 VIRGINIA AVENUE

PROFESSIONAL CENTRE, SUITE 6

FORT PIERCE, FLORIDA 34982

TELEPHONE (561) 489-4901

TELEFAX (561) 489-4902

December 22, 1998

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

400002722034--8 -12/24/98--01064--010 ******35.00 ******35.00

Re: Dissolution of Robert I. Levy Family Care Associates, P.A.

Dear Sirs:

Enclosed please find Articles of Dissolution filed on behalf of Robert I. Levy Family Care Associates, P.A., a Florida Professional Corporation. Our check made payable to the Division of Corporations in the amount of \$35 is enclosed.

Thank you for your cooperation in this matter.

Sincerely,

Bruge R. Abernethy, Jr.

BRA/jlb Enclosures

1-7-99

98 DEC 24 PM 3: 18

ROBERT I. LEVY FAMILY CARE ASSOCIATES.

ARTICLES OF DISSOLUTION

98 DEC 24 PM 3: 18

- WILLIAM TOP STATE Robert I. Levy Family Care Associates, P.A. A. Spierida NOA Professional Corporation, executes the following Articles of Dissolution pursuant to Section 607.1403 of the Florida Business Corporation Act:

- The name of the Corporation is ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A. (the "Company").
- All of the Shareholders of the Company have approved the dissolution of the Company by written consent.
- The dissolution is to be affective as of the date upon which these Articles of Dissolution are filed with the Secretary of State.
- The number of votes cast by the shareholders of the Company for dissolution was sufficient for approval of that action.

EXECUTED this 17^{2} day of December, 1998.

ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A.

I. Levy, President

STATE OF FLORIDA COUNTY OF MARTIN

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared ROBERT I. LEVY, who is known to be the President of ROBERT I. LEVY FAMILY CARE ASSOCIATES, P.A. He is personally known to me or has produced a valid Florida Drivers License as identification, and he executed the foregoing instrument and acknowledged to and before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this day of December, 1998.

NOTARY PUBLIC, STATE AT LARGE.

PRINTED NAME OF NOTARY

NOTARY STAMP:

GINA BACON MY COMMISSION # CC 701506 EXPIRES: April 10, 2002 **Bonded Thru Notary Public Underwriters**