

LAW OFFICES

Larry O. Schatzman

A PROFESSIONAL ASSOCIATION

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Miami, Florida 33156

City/State/Zip

Phone #

Office Use Only

K05927

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-06/19/97--01025--007
*****87.50 *****87.50

*K05927 CW
FL Diss
6-18-97
DPY
cert copy*

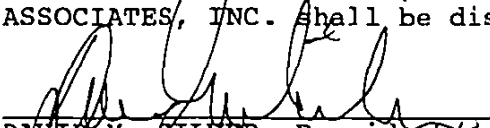
Examiner's Initials

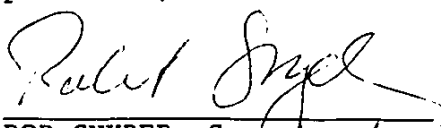
ARTICLES OF DISSOLUTION

OF

PULMONARY CARE ASSOCIATES, INC.,
a Florida corporation

Pursuant to Florida Statute 607.1403, upon the written consent of DAVID M. SILVER, owner of 50% of the authorized and outstanding shares of the Corporation, and ROB SNYDER, owner of 50% of the authorized and outstanding shares of the Corporation, said written Consent dated the 28th day of April, 1997, upon filing of these duly executed Articles of Dissolution with the Secretary of State of the State of Florida, Division of Corporations, PULMONARY CARE ASSOCIATES, INC. shall be dissolved.


DAVID M. SILVER, President/
Director


ROB SNYDER, Secretary/
Director