

1000000000642

Requester's Name
P. O. Box 2464
Address
Greenville, SC 29602
City/State/Zip Phone #

200004787972--9
-01/22/02--01051--009
****100.00 *****25.00

Office Use Only

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

FILED
02 JAN 22 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS

- Profit, Not for Profit, Limited Liability, Domestication, Other

AMENDMENTS

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

OTHER FILINGS

- Annual Report, Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign, Limited Partnership, Reinstatement, Trademark, Other

Handwritten notes: 100-642 and a signature.

Examiner's Initials

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is OPEN MRI OF FORT WALTON, LLC

2. The effective date of the limited liability company's dissolution is 12/31/01

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Members voted to dissolve limited liability company.

4. **CHECK ONE:**

All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

There are no suits pending against the company in any court.

-OR-

Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature
Florida Diagnostic Imaging Center, Inc.

Typed or Printed name

FLORIDA DIAGNOSTIC IMAGING CENTER, INC.

By: John K. Luke

John K. Luke, President

Its: President

Filing Fee: \$25.00

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