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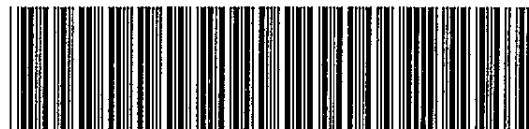
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TALLAHASSEE, FLORIDA

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LAFOLLETTE GODFREY & KAHN  
MADISON

March 9, 2005

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Corporate Filings  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Medical Management, LLC

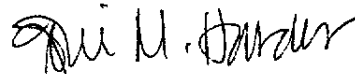
Dear Sir or Madam:

Enclosed for filing are Articles of Dissolution of Medical Management, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fees. Once the document has been filed, please forward the acknowledgment copy to me in the enclosed envelope provided.

If you have any questions please contact me immediately at 877/455-2900. Thank you for your assistance.

Very truly yours,

GODFREY & KAHN, S.C.



Joni M. Harder  
Paralegal

JH:pjr  
Enclosure  
cc: Charles G. Vogel (w/o encl.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

1. The name of the limited liability company is Medical Management, LLC

2. The effective date of the limited liability company's dissolution is 03/15/2005

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

Consent of Members of Medical Management, LLC dated December 31, 2004.

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.

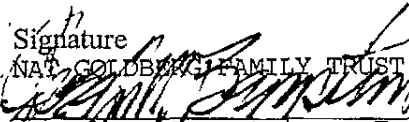


6. **CHECK ONE:**

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 NAT. GOLDBERG FAMILY TRUST BY:  Joseph M. Bernstein, co-Trustee	Typed or Printed name _____ _____ _____ _____ _____
 Henry M. Goldberg, M.D. Trustee	
 Henry M. Goldberg, M.D. Member	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00