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Account Name : PAUL SALVER, P.A.

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# LIMITED LIABILITY DISSOLUTION

# PHYSICIAN'S RESOURCE NETWORK, LLC

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 20, 2003

PHYSICIAN'S RESOURCE NETWORK, LLC 2721 EXECUTIVE PARK DRIVE STE. 4 WESTON, FL 33331

SUBJECT: PHYSICIAN'S RESOURCE NETWORK, LLC

REF: L03000011292

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The form you submitted is to dissolve a corporation. Please complete the limited liability dissolution form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H03000299250 Letter Number: 303A00056974

O ANTH: 00

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company	is		_ <del>_</del> -
Physician's Resource ne	HWORK, LLC		<b>-</b>
2. The effective date of the limited liability co	1	ao   03	
3. A description of the occurrence that results 0section 608.441, Florida Statutes, (copy of			
Converted to a now	n-profit corpora	tion.	
<ul> <li>4. CHECK ONE: <ul> <li>All debts, obligations and liabilities of the -OR-</li> <li>Adequate provision has been made for the</li> </ul> </li> <li>5. All remaining property and assets have been respective rights and interests.</li> <li>6. CHECK ONE: <ul> <li>There are no suits pending against the corn -OR-</li> <li>Adequate provision has been made for the be entered against it in any pending suit.</li> </ul> </li> </ul>	debts, obligations and liabilities on distributed among its member pany in any court.	pursuant to s. 608.4421.	
Signatures of the members having the same predissolution:  Signature	ercentage of membership interes Typed or Printed name PAUL SALVE	ots necessary to approve the	AND THE STREET

Filing Fee: \$25.00