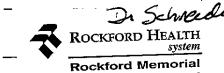
162458

Requestor's Name



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Office Use Only

COF

2400 NORTH ROCKTON AVE. ROCKFORD, IL 61103

Hospital

MENT NUMBER(S), (if known):

1.	(Corporation Name)	(Досшт	nent #)
2	(Corporation Name)	(Docum	nent #)
3	(Corporation Name)	(Docun	nent #)
4	(Corporation Name)	(Docum	nent #)
☐ Walk in ☐ Mail out	☐ Pick up time ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

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

98 APR -8 AMII: 50 SECRETARY OF STATE
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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/ QUALIFICATION (
•	Foreign	l. r
	Limited Partnership	V
	Reinstatement	
	Trademark	
	Other	V

Examiner's Initials	

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Steven L. Schneder, M.	O. P.A
SECOND:	The date dissolution was authorized: \[\overline{\cut_30,1996} \]	
THIRD:	Adoption of Dissolution (CHECK ONE)	
Diss was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
Diss	olution was approved by vote of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group to the plan to dissolve:	
The	number of votes cast for dissolution was sufficient for approval by ASSET BECOMMO	
Signe	d this 2 day of April , 19 9 75 m	:
Signature _	(By the Chairman of Vice Chairman of the Board, President, or other officer)	
	(Typed or printed name)	-
	Tresident.	