

L980000000573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500009521485

12/17/02--01064--002 \*\*25.00

12/18  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 17 AM 11:01

30

**GODFREY  
& KAHN**<sub>SC</sub>  
ATTORNEYS AT LAW

780 NORTH WATER STREET  
MILWAUKEE, WI 53202-3590  
TEL 414-273-3500  
FAX 414-273-5198  
www.gklaw.com

GODFREY & KAHN, S.C.  
MILWAUKEE  
APPLETON  
GREEN BAY  
WAUKESHA

LAFOLLETTE GODFREY & KAHN  
MADISON

December 16, 2002

**VIA FEDERAL EXPRESS**

Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Managed Athletic Testing Services, LLC

Dear Sir or Madam:

L98-573

Enclosed for filing are Articles of Dissolution of Managed Athletic Testing Services, LLC, a Florida limited liability company. Also enclosed is a check in the amount of \$25.00 to cover the filing fee in this regard. Once this document has been filed, please indicate the date of filing on the extra copy and arrange to have the same returned to me using the enclosed envelope provided.

If you have any questions regarding this request, please contact me immediately at 877-455-2900.

Very truly yours,

GODFREY & KAHN, S.C.



Leslie Lardner  
Paralegal

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 17 AM 11:01

LLL/jhb  
Enclosure

cc: Charles G. Vogel  
Neena M. Patil

MW672449\_1.DOC

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

1. The name of the limited liability company is Managed Athletic Testing Services, LLC
2. The effective date of the limited liability company's dissolution is Date of filing
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).

Discontinuance of business

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 dissolution:

Signature

Typed or Printed name

Henry M. Goldberg, M.D.

Henry M. Goldberg, M.D.

NAT GOLDBERG FAMILY TRUST:

By: Henry M. Goldberg, M.D., Trustee

By: Joseph M. Bernstein, Trustee

Joseph M. Bernstein

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
92 DEC 17 AM 11:01

Filing Fee: \$25.00