



L 99000005545

ACCOUNT NO. : 072100000032  
REFERENCE : 496399 80913A  
AUTHORIZATION :  
COST LIMIT : \$ PPD

ORDER DATE : March 26, 2002  
ORDER TIME : 3:0 PM  
ORDER NO. : 496399-005  
CUSTOMER NO: 80913A

700005170597--1  
-03/27/02--01005--007  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

CUSTOMER: Ms. Kathy Prevatt  
Salter Feiber Yenser & Murphy  
3940 N.w. 16th Blvd.  
Building B  
Gainesville, FL 32605

DOMESTIC FILINGS

L99-5545

NAME: A.C.G. THERAPY CENTER, LLC

\*\*\*\*\*FILE 1ST\*\*\*\*\*

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT# 1133  
EXAMINER'S INITIALS:

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 MAR 26 PM 02 29  
 MAR 26 AM 8:29  
 WJ 3/27

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

1. The name of the limited liability company is A.C.G. THERAPY CENTER, LLC

2. The effective date of the limited liability company's dissolution is upon filing of the Articles of Dissolution with the Secretary of State.

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).

The written consent of all of the members of the L.L.C.

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	Typed or Printed name
<u>Carolyn Niederkohr</u>	<u>CAROLYN NIEDERKOHHR</u>
<u>Mary A. Bryce Travis</u>	<u>MARYANJANETTE BRYCE TRAVIS</u>
_____	_____
_____	_____
_____	_____

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SECRETARY OF STATE  
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**Filing Fee: \$25.00**