

M43872

December 17, 1996

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

500002039015--4  
-12/27/96--01042--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Articles of Dissolution of Ralph Arwood, MD, PA

Dear Sir/Madam:

We are submitting to you for filing the enclosed Articles of Dissolution Pursuant to §607.1403 of the Florida Business Corporation Act of Ralph Arwood, MD, PA, along with a check, from Ralph Arwood, MD, PA, payable to the Division of Corporations in the amount of \$35.00 for the filing fee.

Also enclosed is a copy of the Articles of Dissolution. Please stamp the copy with the date of filing of the original Articles and return the stamped copy to:

Ralph Arwood, MD  
1717 Gulf Shore Blvd. North  
Naples, FL 33940

A preaddressed return envelope is enclosed for your convenience.

Sincerely yours,



Ralph Arwood, MD, PA

Enclosures

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
96 DEC 27 PM 2:27

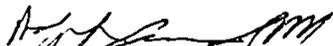
APPROVED  
AND  
FILED

*Handwritten notes:*  
M43872  
FL (D) 11-50  
12-27-96  
e/f  
12-31-96

UNANIMOUS WRITTEN CONSENT OF SHAREHOLDERS  
TO VOLUNTARY LIQUIDATION AND DISSOLUTION OF  
RALPH ARWOOD, MD, RA.

We, the undersigned, being all of the shareholders of RALPH ARWOOD, MD, RA, a Florida corporation, hereby consent to the voluntary liquidation, as of December 31, 1996 and dissolution of the corporation and authorize and direct the appropriate officers of the corporation to take all steps necessary or appropriate to carry out the intent of this resolution.

In assent to the above, each of the undersigned stockholders has signed his or her name and dated the signing opposite the number of shares of the corporation held by him or her of record on such date.

  
Ralph Arwood, MD

12-17-96  
Date

500  
No. of Shares

SECRETARY  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

ARTICLES OF DISSOLUTION PURSUANT TO §607.1403 OF  
THE FLORIDA BUSINESS CORPORATION ACT  
OF  
RALPH ARWOOD, MD, PA

To: Department of State  
Tallahassee, Florida 32314

Date Paid 12-17-96  
Filing Fee \$35.00

Pursuant to the provisions of §607.1403 of the Florida Business Corporation Act, the undersigned corporation adopts the following articles of dissolution for the purpose of dissolving the corporation.

1. The name of the corporation is: RALPH ARWOOD, MD., PA.
2. The names and respective addresses of the officers of the corporation are as follows:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Ralph Arwood, MD	President	1717 Gulf Shore Blvd. N Naples, FL 33940
Gisela Sabertschnig	Secretary	1717 Gulf Shore Blvd. N Naples, FL 33940

3. The names and respective addresses of the directors of the corporation are as follows:

<u>Name</u>	<u>Address</u>
Ralph Arwood, MD	1717 Gulf Shore Blvd. N Naples, FL 33940

4. Dissolution was authorized on December 17, 1996
5. All liabilities and obligations of the corporation have been paid or discharged or have been adequately provided for.
6. All of the property and assets of the corporation remaining after the payment of all debts, obligations and liabilities of the corporation, have been distributed among its shareholders in accordance with their respective rights and interests.
7. There are no actions pending against the corporation in any court.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

8. The corporation elected to dissolve by unanimous written consent of its shareholders, and such written consent has been signed by all shareholders of the corporation. A copy of the written consent is attached to these articles.

Dated: December 17, 1996

RALPH ARWOOD, MD, BA.  
By:

Ralph Arwood MD  
Ralph Arwood, MD  
President

Gisela Sabertschnig  
Gisela Sabertschnig  
Secretary

96 DEC 27 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

STATE OF FLORIDA  
COUNTY OF COLLIER

THE FOREGOING INSTRUMENT was acknowledged before me this 17th day of December, 1996, by RALPH ARWOOD, MD, as President and GISELA SABERTSCHNIG as Secretary of RALPH ARWOOD, MD, BA, a Florida corporation, and who is personally known to me or who has produced DL # A630739530530 & DL# 516328243600 FL as identification and who did (did not) take an oath.

Georgiana Edson  
Notary Public

My commission expires:

Printed, typed or stamped name:  
GEORGIANNA EDSON

