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CORPORATE
ACCESS,
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 3/25/91 11:00 

CERTIFIED COPY

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FILING dissolution

1.) Florida Institute of Surgical Specialties, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
99 MAR 25 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SPECIAL INSTRUCTIONS

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ARTICLES OF DISSOLUTION

OF

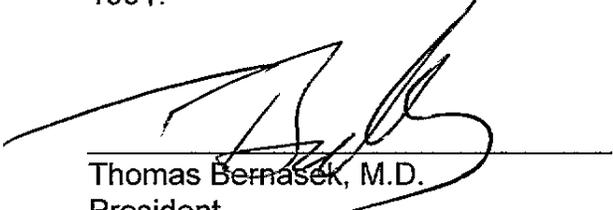
FLORIDA INSTITUTE OF SURGICAL SPECIALTIES, INC.
a Not for Profit Florida Corporation

FILED
99 MAR 25 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1403 of the Florida Statutes, this Corporation submits the following Articles of Dissolution:

- First:** The name of the Corporation is Florida Institute of Surgical Specialties, Inc.
- Second:** The Corporation has no members.
- Third:** The Board of Directors of the Corporation, in accordance with the provisions of Section 617.1402 of the Florida Statutes, adopted a resolution to dissolve the Corporation and to wind up the business affairs of the Corporation at a meeting of the Board of Directors of the Corporation on October 27, 1997.
- Fourth:** The number of directors of the Corporation then in office was seven; four directors attended the meeting and voted in favor of the resolution to dissolve the Corporation.

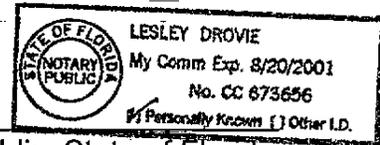
The undersigned, as President of the Corporation, hereby executes these Articles of the Dissolution of the Corporation as of this 10 day of March, 1997.


Thomas Bernasek, M.D.
President

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

BEFORE ME, the undersigned authority, personally appeared Thomas Bernasek, M.D., who is well known to be the person described in and who executed the foregoing Articles of Dissolution of Florida Institute of Surgical Specialties, Inc. as the President, and he acknowledged to and before me that he executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the said County and State, this 10 day of March 1999.



Notary Public, State of Florida

[Notary Seal]

My commission Expires: