Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : HANKINS NORTHWOOD ROMAN WENZEL P.L.

Account Number : 120090000077 Phone : (561)862-4118

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DISSOLUTION OR WITHDRAWAL LAKEVIEW ORTHOPAEDIC AND HAND CENTER, P.A.

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EXAMINER

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ARTICLES OF DISSOLUTION

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

PIRST: The name of the corporation as currently filed with the Florida Department of State: LAKEVIEW ORTHOPAEDIC AND HAND CENTER, P.A.

SECOND: The document number of the corporation (if known): P00000006300

THIRD: The date dissolution was authorized: October 26, 2011

Effective date of dissolution if applicable: N/A.

FOURTH: Adoption of Dissolution (CHECK ONE)

X Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voling group

Signed this X 26 day of KOchter 2011.

Signature (By a director, president of other officer + if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, mustee, or other court appointed fiduciary, by that fiduciary)

Jose' R. Thomas-Richards (Typed or printed name)

President (Title)

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