

P000000086852

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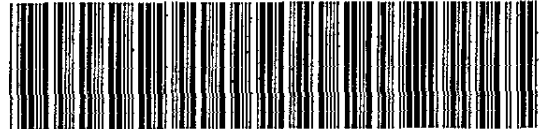
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/03--01063--016 **122.50

FILED
03 APR 29 11 30
SECRET
TALLAHASSEE, FL 32301

Valid
To Lewis 4/29/03

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: ARTICLES OF DISSOLUTION

RESIGNATION OF OFFICERS & DIRECTORS

RESIGNATION OF REGISTERED AGENT

FROM: COLONIAL FAMILY MEDICAL, P.A.

4755 SUMMERLIN ROAD #8

FORT MYERS, FL 33919

239-275-5339

Daytime Telephone Number

Enclosed are the Articles of Dissolution and (2) Officer/director resignation and (1) Resignation of Registered Agent.

Enclosed are checks for \$ 122.50 and \$ 35.00 total \$ 157.50

Articles of Dissolution	\$ 35.00
Officer/Director Resignation-Bushan	\$ 35.00
Officer Director Resignation-Gonzalez	\$ 35.00
Resignation Registered Agent	\$ 35.00
Certified Copy of Dissolution	\$ 8.75
Certificate of Status	\$ 8.75
Total	<u>\$157.50</u>

ARTICLES OF DISSOLUTION

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

FILED
03 APR 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is Colonial Family Medical, P.A.

SECOND: The date dissolution was authorized: January 31, 2003

THIRD: Adoption of Dissolution

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

 Dissolution was approved by vote of the shareholders through voting groups.

Signed this 4 day of April, 2003.

Signature Lakshmi Bushen
Vice President Colonial Family Medical PA

Lakshmi Bushen
Typed or printed name

Treasurer
Title