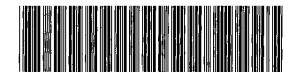
1010000022315

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DIVISION OF CORPORATIONS

ANTD155 (10,5/15/08

COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

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

| FIRST: | The name of the corporation as currently filed with the Florida Department of | State: | |
|---------|--|------------------|--------------|
| | Gerald T. Turgeon, D.O. P.A. | | |
| SECOND: | The document number of the corporation (if known): P01000022315 | 5 | |
| THIRD: | The date dissolution was authorized: 12/31/07 | <u> </u> | <u>.</u> |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution for the properties of the properti | île date) | <u></u> |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval. | or dissolu | tion |
| | Dissolution was approved by the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve: | ititled | |
| | The number of votes cast for dissolution was sufficient for approval by | | |
| | | 08 | N.S. |
| | (voting group) | 2 | 22 A |
| | Signature: (By a director, president or other officer - if/directors or/officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | MAY -5 PH 12: 25 | COPPORATIONS |
| | Gerald T. Turgeon | | |
| | (Typed or printed name of person signing) | | |
| | Director | | λ |
| | (Title of person signing) | | |

Filing Fee: \$35

بر ندو