

PO2000103297

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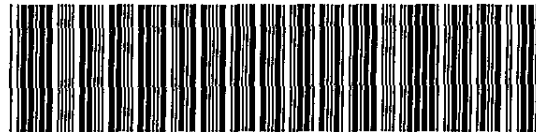
(Business Entity Name)

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CLERK OF STATE  
GALLAHASSEE, FLORIDA

04 JAN 20 PM 3:20

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Diss

**STEVEN FRISCHER**  
ATTORNEY AT LAW  
SUITE 305  
7600 RED ROAD  
South Miami, Florida 33143  

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TELEPHONE (305) 662-2615

January 16, 2004

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

**RE: NEUROPSYCHOLOGY ASSOCIATES OF SOUTH FLORIDA, INC.**  
**Document No. P02000103297**

Dear Sir or Madam:

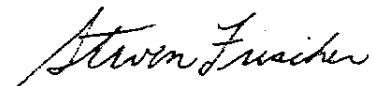
Please find enclosed the Articles of Dissolution for the above referenced corporation.

Please accept the Articles for filing. I have enclosed a check payable to the Department of State for \$ 35.00 for the filing fee.

Please return a stamped copy of the Articles in the envelope provided for your convenience.

Thanks in advance for your assistance and cooperation.

Very truly yours,



STEVEN FRISCHER

Encls.

## ARTICLES OF DISSOLUTION

FOR

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## NEUROPSYCHOLOGY ASSOCIATES OF SOUTH FLORIDA, INC.

SECRETARY OF STATE  
TAMPA, FLORIDA

The undersigned directors of Neuropsychology Associates of South Florida, Inc.,  
hereby submit the foregoing Articles of Dissolution, and as grounds state as follows:

- 1) The name of the corporation is Neuropsychology Associates of South Florida, Inc.
- 2) The Articles of Incorporation were filed on September 23, 2002.
- 3) That the corporation has not commenced business.
- 4) That no debt of the corporation remains unpaid.
- 5) That the net assets of the corporation remaining after winding up have been distributed to the shareholders;
- 6) That a majority of the incorporators or directors have authorized the dissolution.

Dated this 16 day of January 2004.

  
MINDY S. KOPOLOW  
Director

  
LEO KOPOLOW  
Director

STATE OF FLORIDA           )  
                                      )  
COUNTY OF MIAMI-DADE   )   SS:

The foregoing instrument was acknowledged before me this 16 day of January 2004 by MINDY S. KOPOLOW and LEO KOPOLOW, as directors of NEUROPSYCHOLOGY ASSOCIATES OF SOUTH FLORIDA, INC., on behalf of said corporation. They are personally known to me or who have produced \_\_\_\_\_ as identification and who ~~did~~ (did not) take an oath.

  
NOTARY PUBLIC  
State of Florida  
NAME: \_\_\_\_\_

My Commission Expires:



Steven L. Frischer  
MY COMMISSION # DD017928 EXPIRES  
August 5, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.