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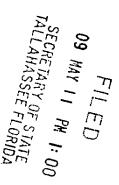
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION of Corp. Request
DOCUMENT NUMBER: PO2000/26273
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Sooriash, M. D.
(Name of Contact Person)
David Sooriash, M.D., INC.
(Firm/Company)
P.O. Box 54368
(Address)
Jacksonville, FL 32245-4368
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 303-2703 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## 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:		
	David Sooriash, M.D., Irc.		
SECOND:	Parancis		
THIRD:	The date dissolution was authorized: 04-01-2009		
	Effective date of dissolution if applicable: 04-01-2009  (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast 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		
	100%		
	(voting group)  TARY OF STATED  SSEE FLORID		
	Signature: David Societas		
	(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)		
	DAVID SOORIASH		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35