

P02000134956

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(Requestor's Name)

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(City/State/Zip/Phone #)

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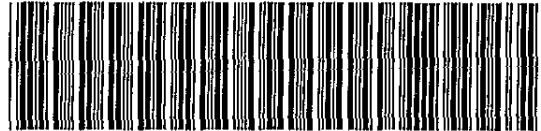
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PHILIP MEDVIN  
ATTORNEY AT LAW  
SUITE 370  
2801 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33134  

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TELEPHONE (305) 448-3302  
FACSIMILE (305) 448-1750

April 3, 2003

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

**RE: Physicians Specialty Network, Inc.  
Dissolution of Corporation**

Dear Sirs:

Enclosed please find properly executed:

1. Resolution for Dissolution of Corporation;
2. Articles of Dissolution of Physicians Specialty Network, Inc.
3. My trust account check payable to the Dept. of State in the amount of \$92.50, covering costs of dissolution fee (\$35.00) and Certification of Dissolution (57.50).

By return mail as soon as issued, please send me the Certificate of Dissolution.

Thanking you, I am,

Very truly yours,

  
PHILIP MEDVIN

PM:gh  
Encls. (as indicated)

ARTICLES OF DISSOLUTION OF  
PHYSICIANS SPECIALTY NETWORK, INC.

The undersigned being a majority and 100% of the Incorporators and Directors of the corporation do hereby jointly execute and publish these Articles of Dissolution for the purpose of dissolving the corporate existence of Physicians Specialty Network, Inc., stating:

1. That the name of the corporation hereby dissolved is Physicians Specialty Network, Inc.

2. That dissolution of this corporation is authorized pursuant to Resolution for Dissolution of Corporation passed by a majority being all the Incorporators and directors the 25<sup>th</sup> day of March, 2003, a copy of said Resolution being hereto attached.

3. The date dissolution was authorized was 25<sup>th</sup> March 2003.

4. That these Articles of Dissolution was approved by 100% of the shareholders of the corporation, and that the number cast for dissolution was sufficient for approval.

5. That these Articles of Dissolution shall have effect upon delivery to the Florida Dept. of State for filing, which corporation shall thereupon be dissolved pursuant to the provisions of F.S. number 607.1401.

IN WITNESS WHEREOF the undersigned have hereunder subscribed their hands and seals at Coral Gables, Miami-Dade County, Florida this 25 day of March, 2003.

\_\_\_\_\_  
VICTOR BENAR  
Director, Incorporator

\_\_\_\_\_  
RALPH PEREZ  
Director, Incorporator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 APR - 7 AM 9:25

FILED

STATE OF FLORIDA  
MIAMI-DADE COUNTY

The undersigned hereby certifies that on this day personally appeared before me, an officer duly authorized by the State of Florida to administer oaths and take acknowledgements, Victor Behar and Ralph Perez, being 100% of the Incorporators and Directors of Physicians Specialty Network, Inc. and they acknowledged before me that they in their respective corporate capacities executed the foregoing Resolution for Dissolution of Corporation, freely and voluntarily for the purposes herein above expressed.

Witness my hand and official seal at Coral Gables, Miami-Dade County, Florida this 25 day of March, 2003.

  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
My Commission Expires:



Philip Medvin  
MY COMMISSION # DD169416 EXPIRES  
January 18, 2007  
BONDED THRU TROY FARM INSURANCE, INC.

**RESOLUTION FOR DISSOLUTION OF CORPORATION**

The undersigned being a majority of the Incorporators and Directors of **Physicians Specialty Network, Inc.**, do hereby by majority and unanimous vote, Resolve:

1. That Physicians Specialty Network, Inc. was incorporated on December 26, 2002 under document number P02000134956;
2. That the undersigned constitute all of the Incorporators and Directors of Physicians Specialty Network, Inc.;
3. That said corporation has not yet issued shares not has yet commenced business;

**The Undersigned**, being 100% of the corporate Organizers, Incorporators and Directors,

**DO HEREBY RESOLVE,**

That Physicians Specialty Network, Inc., shall be dissolved forthwith.

**IN WITNESS WHEREOF** the undersigned have hereunder subscribed their hands and seals at Coral Gables, Miami-Dade County, Florida this 25 day of March, 2003.

\_\_\_\_\_  
VICTOR BEHAR  
Director, Incorporator

\_\_\_\_\_  
RALPH PEREZ  
Director, Incorporator

STATE OF FLORIDA  
MIAMI-DADE COUNTY

The undersigned hereby certifies that on this day personally appeared before me, an officer duly authorized by the State of Florida to administer oaths and take acknowledgements, Victor Behar and Ralph Perez, being 100% of the Incorporators and Directors of Physicians Specialty Network, Inc. and they acknowledged before me that they in their respective corporate capacities executed the foregoing Resolution for Dissolution of Corporation, freely and voluntarily for the purposes herein above expressed.

Witness my hand and official seal at Coral Gables, Miami-Dade County, Florida this 25 day of March, 2003.



Philip Medvin  
MY COMMISSION # DD169416 EXPIRES  
January 18, 2007  
BONDED THRU TROY FAIN INSURANCE, INC.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
My Commission Expires: