

P03000029515

(Requestor's Name)

PHYSICAL MEDICAL CENTER, P.A.  
P. O. BOX 4740  
OCALA, FL 34478

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

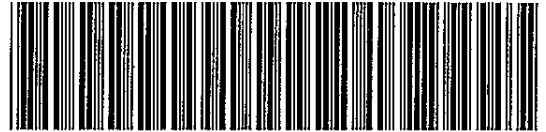
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600068644036

03/27/06--01027--020 \*\*35.00

FILED  
06 MAR 27 AM 9:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(11/10/06)

## 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:

Physical Medical Center, PA.

SECOND: The document number of the corporation (if known):

P03000029515

THIRD: The date dissolution was authorized:

3-22-06

Effective date of dissolution if applicable:

same

(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 of 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

\_\_\_\_\_  
(voting group)

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)

Sanford Z. Pollak

(Typed or printed name of person signing)

Pres

(Title of person signing)

Filing Fee: \$35

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 27 AM 9:44

FILED