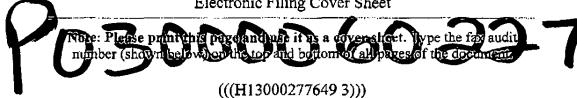
## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694 : (305)633-9696 Fax Number

DISSOLUTION OR WITHDRAWAL SUNNY ISLES COSMETIC SURGERY, P.A.

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12/18/2013

December 19, 2013

## FLORIDA DEPARTMENT OF STATE

SUNNY ISLES COSMETIC SURGERY, P.A.

Division of Corporations
10700 INDIAN TRAIL
FT LAUDERDALE, FL 33328

SUBJECT: SUNNY ISLES COSMETIC SURGERY, P.A.

REF: P03000060227

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P.O BOX 6327 - Tailahassee, Florida 32314



H3000077649

## 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 SUNNY ISLES COSMETIC SURGERY, P.A.	of Stat	e:	
SECOND:	The document number of the corporation (if known): P030000602	27		
THIRD:	The date dissolution was authorized: 10118113	<del></del> -		
	Effective date of dissolution if applicable: 12-31-2013 (no more than 90 days after dissolution)	on file du	ha)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		 ਛਾ	
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	a for di		tion
	Dissolution was approved by the shareholders through voting groups.	31) 1200	32	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	enritle	<u>چ</u> 29	
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)	ı		
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the funds of a receiver, trustee, or other court appointed fiduciary, by that fiduciary	y Y	•	
	FABIO ARTURO CASTRO	•		
	(Typed or printed name of porson signing)			
	PRESIDENT (Title of person signing)			
	(1.00 at bit was alking)			

H30000771649

Filing Fee: \$35