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To:

Division of Corporations

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From:

Account Name

: GRAY, HARRIS & ROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone

: (407)843-8880

Fax Number

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## DISSOLUTION OR WITHDRAWAL

INPATIENT PHYSICIAN ASSOCIATES, P.A.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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## 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   |  |
|-------------|---|--|
|             | Inpatient Physician Associates, P.A.  |  |
| SECOND:     | The document number of the corporation (if known): <u>P03000096952</u>  |  |
| THIRD:      | The date dissolution was authorized: September 1, 2006  |  |
|             | Effective date of dissolution <u>if applicable</u> : <u>September 1, 2006</u> (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   |  |
|             |   |  |
|             | (voting group)  |  |
| Signed this | day of <u>September</u> , 2006.   |  |
| Signature:  | 2R  |  |
|             | (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) |  |
|             | Stephen G. Ritter, M.D.   |  |
|             | (Typed or printed name of person signing)   |  |
|             | President   |  |
|             | (Title of person signing)   |  |