P04000046090

(Re	equestor's Name)	
(Ac	ldress)	
(A d	idress)	<u>,</u>
(Čít	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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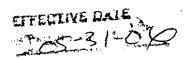
DIVISION OF CORPORATIONS

06 APR 27 PH 4: 20

Ps s/3/00 Diss

COVER LETTER

TO: Amendment Section = Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: P04000 46690
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debra J. McCormack (Name of Contact Person)
(Name of Contact Person) Estero Family Medicine (Firm/Company)
3501 Health Center Blud 3220
Bon ta Springs FC 34135 (City/State and Zip Code)
For further information concerning this matter, please call:
MeQissa Cobb at (239) 992 5424 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 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:	
	Estevo Family Medicine, P.A.	
SECOND:	The document number of the corporation (if known): POHOOOH(66)	90
THIRD:	The date dissolution was authorized: 4 20 2006	 ,
	Effective date of dissolution if applicable; 5 3 2006 (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.	lution
	\square 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)	SEGRE TAP
	(voting group)	SHA
		OR ATTORS
S	Signature: 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)	
-	Delora J. McCormack, MD (Typed or printed name of person signing)	
	Drag do +	

Filing Fee: \$35

(Title of person signing)