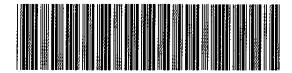
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Diss.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CRAIG T CURTIS MD PA
OCUMENT NUMBER: POY 0000 90986
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Craig T. Cwti9 (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
5921 Caymus Loop
5921 Caymus Loop (Address) Windermere FL 34786
Windermere FL 34706
(City/State and Zip Code)
or further information concerning this matter, please call:
Craig T. Wtis at (407) 426 9299 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
nclosed is a check for the following amount:
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee &
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle: Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: CRAIGT. CURTIS, M.D., P.A.
SECOND:	The document number of the corporation (if known): PUHD DO099986 The file date of the articles of incorporation: 6-14-2004 /dissolve date 12-31-2007
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signa	ature:
	(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.)
	CRAIG T. CURTIS, M.D.
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of Person Signing)

Filing Fee: \$35