

PO6000001476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

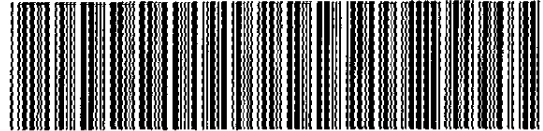
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/06--01005--016 **163.75

*Vol/dia w/notices
to Lewis*

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06 JAN 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILLIAMSPARKER
HARRISON DIETZ & GETZEN

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January 18, 2006

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ear Medical Center, Inc.

Dear Sir/Madame:

Forwarded to you herewith are the following documents for filing in the order shown:

File First: Articles of Dissolution and Notice of Corporate Dissolution.

File Second: Statement by President of Ear Medical Center, Inc.


File Third: Certificate of Domestication of Ear Medical Center, Inc., along with Articles of Incorporation.

Also enclosed is a check in the amount of \$163.75, payable to the Florida Department of State, covering the filing fees for the above filings.

If you have any questions or problems in connection with any of the foregoing, please contact me as soon as possible.

Thank you.

Very truly yours,


Jacqueline Mori
Corporate Paralegal

jmm-678069.1
Enclosures

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:
EAR MEDICAL CENTER, INC.

SECOND: The document number of the corporation (if known): P06000001476

THIRD: The file date the articles of incorporation: January 4, 2006

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.

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TALLAHASSEE, FLORIDA

Signature: *Claude Hobeika*

(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.)

Claude Hobeika, M.D.
(Typed or printed name of person signing)

President *Claude Hobeika*
(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: EAR MEDICAL CENTER, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name and address of claimant;
Detailed Description of the nature of the claim; and
The alleged facts giving rise to the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

272 Four Knot Lane
Osprey, FL 34229

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Claude Hobeika, M.D.
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00