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SUPRETARY OF SIANL

William. Dis.

6-9-09

DC

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: YOLUNTARY DIS	50LUTION
DOCUMENT NUMBER: POGOO	
DOCUMENT NUMBER: _ 1 0 5 0 0	<u> </u>
The enclosed Articles of Dissolution and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
LINDA L. VOSSLER	
(Name of Cont	act Person)
SURGICAL MANACEME	NT SOLUTIONS INC.
SURGICAL MANAGEME (Firm/Co	mpany)
141 GREY WIDGEON	CT.
(Addre	ss)
DAYTONA BEACH FL	78.17A 37119
(City/State an	d Zip Code)
For further information concerning this matter,	please call:
(Name of Contact Person)	at (386) 424-5062 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(A	43.75 Filing Fee & S52.50 Filing Fee, ertified Copy Additional copy is enclosed) \$\sum_{\text{\$\frac{1}{2}}}\$\$ Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee FL 32314	Clifton Building 2661 Executive Center Circle
ISHSDSCOP PI 3/3/4	ZOD L CXECHOVE LEGGER LIGGE

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:		
	SURGICAL MANAGEMENT SOLUTIONS, INC.		
SECOND:	The document number of the corporation (if known): Po 60003380		
THIRD:	The file date of the articles of incorporation: 3\7\06		
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.		
Signature: (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.)			
(Typed or printed name of person signing)			
	PRESIDENT (Title of Person Signing)		

Filing Fee: \$35