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DISSOLUTION OR WITHDRAWAL

WESTON MEDICAL CHIROCARE, INC.

Certificate of Status	1
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DISS

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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 is: WESTON MEDICAL CHIROCARE, INC.

SECOND: The date dissolution was authorized: August 2, 2006

THIRD: 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 vote 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)

Signed this August 2, 2006

Signature

  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

NADINE DORCELY

(Typed or printed name)

PRESIDENT

(Title)

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