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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Southern Surgical Associates INC | | | | |
| DOCUMENT NUMBER: P0 6 000092168 | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| PATRICIA M. TURP | | | | |
| (Name of Contact Person) | | | | |
| Southern Surgical Associates INC | | | | |
| (Firm/Company) | | | | |
| 10089 SE CR 245 | | | | |
| LAKE City (Address) 32025 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| (Name of Contact Person) at (386) 155-9296 (Area Code & Daytime Telephone Number) | | | | |
| | | | | |
| Enclosed is a check for the following amount: | | | | |
| Stiling Fee \$\bigsquare \text{\$\frac{1}{2}\$}\$43.75 Filing Fee \$\bigsquare \text{\$\frac{1}{2}\$}\$43.75 Filing Fee \$\bigsquare \text{\$\frac{1}{2}\$}\$\$\$ Certificate of Status \$\bigsquare \text{\$\frac{1}{2}\$}\$\$ Certified Copy (Additional copy is enclosed) Certified Copy (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 607.1401, 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: | | |
|----------|---|----------------------|---|
| | Southern Surgical associates INC The document number of the corporation (if known): PO 600009216 | | |
| SECOND: | The document number of the corporation (if known): PO 60009216 | 8 | |
| THIRD: | The file date of the articles of incorporation: 7-12-06 | | |
| 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. | ₹ 30 | |
| SIXTH: | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. | 08 JUN 30 AM 10: n's | 1 |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | a ` | |
| | A majority of the incorporators authorized the dissolution. | | |
| | A majority of the directors authorized the dissolution. | | |
| | | | |
| Signa | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | - if | |
| | | | |
| | (Typed or printed name of person signing) | | |
| | Resident | | |
| | (Title of Person Signing) | | |

Filing Fee: \$35