

Division of Corporations

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Florida Department of State
Division of Corporations
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**DISSOLUTION OR WITHDRAWAL
COMMUNITY MEDICAL IMAGING, P.A.**

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
14000273648

**ARTICLES OF DISSOLUTION
OF
COMMUNITY MEDICAL IMAGING, P.A.**

Pursuant to Section 607.1403, Florida Statutes, **COMMUNITY MEDICAL IMAGING, P.A.**, a Florida corporation (the "Corporation"), submits the following articles of dissolution:

**ARTICLE I
NAME**

The name of the Corporation is **COMMUNITY MEDICAL IMAGING, P.A.**

**ARTICLE II
DOCUMENT NUMBER**

The Articles of Incorporation of the Corporation were filed on October 7, 2008 and assigned Florida Document Number P08000091399.

**ARTICLE III
DATE DISSOLUTION AUTHORIZED**

The shareholders of the Corporation authorized the dissolution of the Corporation on November 20, 2014.

**ARTICLE IV
SHAREHOLDERS APPROVAL**

The dissolution was authorized by written consent of the shareholders of the Corporation, and the number of votes cast for dissolution was sufficient for approval.

**ARTICLE V
EFFECTIVE DATE**

The effective date of the dissolution will be the date on which these Articles of Dissolution are filed with the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the Corporation by its duly authorized officer on November 20, 2014.

**COMMUNITY MEDICAL IMAGING, P.A.,
a Florida corporation**

By: 

Katherine Reed, M.D., President

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**NOTICE OF CORPORATE DISSOLUTION
OF
COMMUNITY MEDIAL IMAGING, P.A.**

This Notice of Corporate Dissolution is submitted by **COMMUNITY MEDICAL IMAGING, P.A.**, a Florida corporation (the "Corporation"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

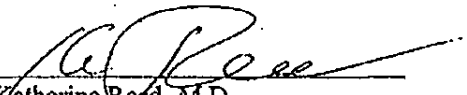
1. Name of the Corporation: Community Medical Imaging, P.A.
2. The date of dissolution will be the date the articles of dissolution are filed with the Department of State.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the Corporation to evaluate the merits of such claim.
4. Mailing address where claims can be sent:

Community Medical Imaging, P.A.
2325 Stonebridge Drive, Building C
Flint, Michigan 48532

5. 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 of Corporate Dissolution.

IN WITNESS WHEREOF, this Notice of Corporate Dissolution has been executed on behalf of the Corporation by its duly authorized officer on November 20, 2014.

**COMMUNITY MEDICAL IMAGING, P.A., a
Florida corporation**

By: 
Name: Katherine Reed, M.D.
Its: President

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