Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000151555 3)))



H150001515553ADC

Note: DO NOT hit the REFRESH/RELOAD button on your browself from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL PAIN ASSOCIATION CENTER, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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 as currently filed with the Florida Department of State: SECOND: The document number of the corporation (if known):_ THIRD: The date dissolution was authorized: __ Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) FOURTH: 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 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) Signature: (By a director fresident or other officer if directors of officers have not been selected, by an inexporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by

() sped or printed name of person signing)

that aductary)

(Title of person signing)

Filing Fee: \$35