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Account Number : 120000000019
Phone : (305)552-5973
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DISSOLUTION OR WITEDRAWAL ERMD EMERGENCY ROOM MEDICAL DRS INC

R. WHITE

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## H18000153762

## 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 composition as supports. State of the composition as supports.  |
|---------|---|
|         | The name of the corporation as currently filed with the Florida Department of State:  |
|         | ERMD EMERGENCY ROOM MEDICAL   |
| SECOND: | The document number of the corporation (if known) \$\frac{1700005169}{1700005169}\$   |
| THIRD:  | The date dissolution was authorized: 5-/6-8   |
|         | 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)  |
|         |   |
|         |   |
|         |   |
|         | (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 |
|         | (By a director, president or other officer - if directors or officers have not been salected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by |
|         | that fiduciary)   |
|         | FRANCESCO CABRERA   |
|         | (Typed or printed name of person signing)   |
|         | PRESIDENTI  |
|         | (Title of person signing)   |