

**P18000013985**  
Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850)385-6735  
Fax Number : (954)641-4192

**DISSOLUTION OR WITHDRAWAL  
J. WAXMAN CLINIC, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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T. LEAHEUX

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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 as currently filed with the Florida Department of State:

J. Waxman Clinic, Inc.

SECOND: The document number of the corporation (if known): P18000013985

THIRD: The date dissolution was authorized: 02/15/2018

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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, 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, that fiduciary)

Robert Hayden

\_\_\_\_\_  
(Typed or printed name of person signing)

Incorporator / RA

\_\_\_\_\_  
(Title of person signing)

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