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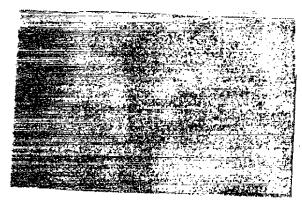
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71	questor's Name	
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City/State/	Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):
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Corp	poration Name) (Do	ocument#)
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NEW FILINGS	Amendments	
Profit	Amendment	TOTAL
Profit NonProfit	Amendment  Resignation of R.A., Officer/ Dire	ector
Profit NonProfit Limited Liability	Amendment  Resignation of R.A., Officer/ Dire  Change of Registered Agent	ector
Profit NonProfit Limited Liability Domestication	Amendment  Resignation of R.A., Officer/ Dire  Change of Registered Agent  Dissolution/Withdrawal	ector
Profit NonProfit Limited Liability	Amendment  Resignation of R.A., Officer/ Dire  Change of Registered Agent	
Profit NonProfit Limited Liability Domestication Other	Amendment  Resignation of R.A., Officer/ Directory  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/	VS APR 2 8 1998
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	Amendment  Resignation of R.A., Officer/ Direction of Registered Agent  Dissolution/Withdrawal  Merger	VS APR 2 8 1998
Profit NonProfit Limited Liability Domestication Other	Amendment  Resignation of R.A., Officer/ Directory  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/	VS APR 2 8 1998
Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report	Amendment  Resignation of R.A., Officer/ Direct  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION	
Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name	Amendment  Resignation of R.A., Officer/ Direction of Registered Agent  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION  Foreign	VS APR 2 8 1998
Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name	Amendment Resignation of R.A., Officer/ Direction of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/ QUALIFICATION Foreign Limited Partnership	VS APR 2 8 1998

# FLORIDA MEDICAL PAIN CLINIC, INC.

dba Baycare at Lakeland 1521 Kennedy Boulevard, Lakeland, Florida 33810 (941) 859-9104 - (941) 816-9102 FAX

March 30, 1998

Division of Corporation Post Office Box 6327 Tallahassee, FL 32314



RE: Dissolution of Corporations

To Whom It May Concern:

Florida Medical North Bay, Inc.	59-3236857
Florida Medical Connection, Inc.	59-3131729
Florida Medical Brooksville, Inc.	59-3152597
Florida Medical Specialists, Inc.	59-3131726
Florida Medical Group, Inc.	59-3152598

These corporations are no longer in business. Please dissolve them as corporations in the State of Florida.

Sincerely yours,

David F. Jackson,

President

DFJ:mjc



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 14, 1998

DAVID F. JACKSON FLORIDA MEDICAL PAIN CLINIC, INC. 1521 KENNEDY BLVD. LAKELAND, FL 33810

SUBJECT: FLORIDA MEDICAL BROOKSVILLE, P.A.

Ref. Number: P92000004957

We have received your document for FLORIDA MEDICAL BROOKSVILLE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 098A00019760

RECEIVED 98 APR 27 AN 8: 27

### FLORIDA MEDICAL PAIN CLINIC, INC.

1751 First Avenue North, Suite 201 St. Petersburg, Florida 33713 (813) 894-4545 / (FAX) 894-4055

April 24, 1998

MISS VELMA SHEPARD Corporate Specialist Florida Department of State Division of Corporations P.O. BOX 6327 Tallahassee, Florida 32314

Dear Ms. Shepard,

This letter is in response to your letter dated April 14, 1998 regarding Florida Medical Brooksville, PA. The corrected form is enclosed together with your correspondence.

Kindly send the document back to the address above.

Thank you for your immediate action and full cooperation on this matter. If you have any questions, please call the office.

Sincerely,

DAVID F. JACKSON

President

DFJ/Isl

## ARTICLES OF DISSOLUTION

98 APR 27 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, the undersigned corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is:
	Florida Medical Brooksville, P.A. 59-3152597
SECOND:	The date dissolution was authorized: April 1, 1998
THIRD:	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 vote of 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)
	ber of votes cast for dissolution was sufficient for approval by shareholders 100% (voting group).
Sig	ned this 1st day of April , 1998.
	Florida Medical Brooksville, BA (Corporation Name)
	(Chairman or Vice Chairman of the Board, President, or other officer)  David F. Jackson
	(Typed or printed name)
	President
	(Title)