## P92000004965

Required See Next	uestor's Name Address  Phone #	400002479574
CORPORATION N	IAME(S) & DOCUMENT N	JMBER(S), (if known):
• •	ration Name)	
· ·		(Document #)
3(Corpo	ration Name)	(Document #)
4(Corpo		(Document #)
Walk in  Mail out	Pick up time  Will wait  Photocop  AMENDMENTS	MATERIAL STATE OF THE STATE OF
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ I	Director -
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	<b>VS</b> APR 1 3 1998
OTHER FILINGS.  Annual Report	REGISTRATION/ QUALIFICATION	Voldis
Fictitious Name	Foreign	-
Name Reservation	Limited Partnership	
	Reinstatement	
•	Trademark	+
	Other	J .

CR2E031(1/95)

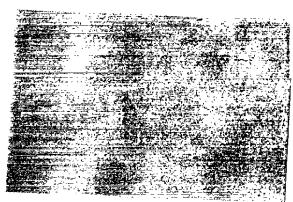
Examiner's Initials

## 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.	5 <del>9</del> -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

## ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION		
	section 607.1403, Florida Statutes, the undersigned corporation submits the	^/	*
Pursuant to following ar	section 607.1403, Florida Statutes, the undersigned corporation submits the statutes of dissolution:	100 mm	
FIRST:	The name of the corporation is:	6	
	Florida Medical Group, Inc. 59-3152598	-	
CYCCONO.	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)		
The warm	ber of votes cast for dissolution was sufficient for approval by.		
		•	
	shareholders 100% (voting group).		
Sig	ned this 1st day of April , 19 98.	-	•
	Florida Medical North Bay, Inc.		
	(Corporation Name)	_	
	(Chairman or Vice Chairman of the Board, President, or other officer)		
	David F. Jackson		
	(Typed or printed name)		
	President	*** * - * *	
	(Title)		