

700002268327

Requestor's Name
 Michael M. Kearin, MD, PA
 3920 SW 60 Street
 Miami, FL 33173
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #) **700002268327--3**
08/15/97-01962-004
 *****35.00 *****35.00
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 97 AUG 15 PM 1:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials *JKR/21*

ARTICLES OF DISSOLUTION

FILED
97 AUG 15 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Michael M. Kearin, MD, PA
9920 SW 60 Street
Miami, FL 33173

FIRST: The name of the corporation is: Michael M. Kearin, MD, PA.

SECOND: The date dissolution was authorized: 6-30-97

THIRD: Adoption of Dissolution (CHECK ONE)

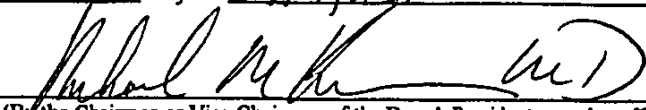
- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____ (voting group)

Signed this 10th day of August, 19 97

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Michael M. Kearin, MD
(Typed or printed name)

President
(Title)

8-1-97
CK # 1242
\$35.-

phone (305) 595-3202