Jeffrey M. Perlow

Brian E. Port David N. Wolofsky

April 9, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: David N. Wolofsky, P.A.

Dear Sir/Madam:

Please find enclosed the Articles of Dissolution for the abovereferenced corporation. I have additionally enclosed the requisite filing and certified copy fee, totalling \$87.50.

Par.

Kindly forward the certified copy to the following address:

David N. Wolofsky 1605 Island Way Weston, FL 33326

If you should otherwise have any questions, please contact me at that address or at the following telephone numbers (954) 349-9262home, or (954) 456-1633-work. Thank you in advance for your attention to this matter.

Very truly yours,

David N. Wolofsky

DNW/s

Enclosures

TO THE STATE OF TH 1820 E. Hallandale Beach Blvd. Hallandale, Florida 33009

Telephone (954) 456-1633 Miami (305) 949-7926 Fax (954) 454-4933

\*\*\*\*87.50

Voldis

VS APR 1 5 1997

## ARTICLES OF DISSOLUTION

97 APR 11 AM 9: 47
TALLAHASSEE FLORIDA

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

| FIRST:        | The name of the corporation is: David N. Wolofsky, P.A.  |    |
|---------------|--|----|
| SECOND:       | The date dissolution was authorized: 12/31/96  |    |
| THIRD:        | Adoption of Dissolution (CHECK ONE)  |    |
|               | solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.                   | on |
| ☐ Diss        | solution 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  |    |
| <del></del> - | (voting group)   |    |
| Signe         | ed this 9th day of April , 19 97   |    |
| Signature _   | (By the Chairman or Vice Chairman of the Board, President, or other officer)   |    |
|               | David N. Wolofsky (Typed or printed name)  |    |
|               | President/Director (Tide)  |    |

## PH000059182

200002142802--2 -04/14/97--01174--004 \*\*\*\*180.00 \*\*\*\*180.00

April 14, 1997

REPLACEMENT FEE 1997

ANNUAL REPORT: FAMILY HEALTH OF

HOMESTEAD, INC.

DEBIT MEMO: # 2297-C

CHECK #: 404