

P94000067069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

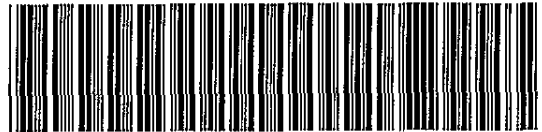
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Americo F. Padilla, M.D.**  
CHILD, ADOLESCENT AND ADULT PSYCHIATRY

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TELEPHONE: (305) 252-0506  
FAX: (305) 252-9718

*9299 S.W. 152 Street Suite 202  
Miami, Florida 33157*

February 21, 2003

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

Dear Sir:

Enclosed please find form for dissolution of corporation for Americo F. Padilla, M.D., dba  
Americo F. Padilla, M.D., P.A.

Thank you for your attention to this matter.

Sincerely,

Americo F. Padilla

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**ARTICLES OF DISSOLUTION**

*Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:*

FIRST: The name of the corporation is: Americo F. Padilla, M.D., P.A.

SECOND: The filing date of the articles of incorporation was: September 6, 1994

THIRD: (CHECK ONE)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

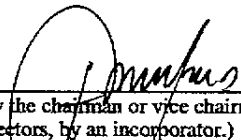
FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signed this 21st day of February, 2003

Signature   
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Americo F. Padilla  
(Typed or printed name)

President  
(Title)

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