

P94000069825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

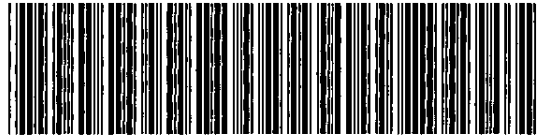
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☒

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EFFECTIVE DATE
1-19-09

01/16/09--01036--023 **52.50

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 16 AM 9:25

T. Roberts JAN 26 2009

1/15/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH BROWARD MRI CENTER, INC.

DOCUMENT NUMBER: P94000069825

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reuben M. Schneider

(Name of Contact Person)

Greenspoon Marder, P.A.

(Firm/Company)

18851 N.E. 29th Avenue, Suite 406

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Reuben M. Schneider

(Name of Contact Person)

at (838) 491-1120

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
1-19-09

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SOUTH BROWARD MRI CENTER, INC.

SECOND: The document number of the corporation (if known): P94000069825

THIRD: The date dissolution was authorized: JANUARY 7, 2009

Effective date of dissolution if applicable: JANUARY 19, 2009
(no more than 90 days after dissolution file date)

FOURTH: 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 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)

Signature: 14 / Shick

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

HERBERT L. SHICK, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
DIVISION OF CORPORATIONS
JAN 16 AM 9:25

SOUTH BROWARD MRI CENTER, INC.