TO: Amendment Section
Division of Corporations

SUBJECT: American Surgery Centers of South Florida, Inc.

(Name of corporation)

DOCUMENT NUMBER:

P94000090373

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

Please return all correspondence concerning this matter to the following:

Isabel Mahmood

(Name of Person)

Physicians Resource Group (Firm/Company)

5005 Riverway, Suite 400 (Address)

Houston, TX 77056

(City/State and Zip code)

For further information concerning this matter, please call:

Isabel Mahmood

(Name of Person)

at (713) 629-5777

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations

409 E. Gaines St.

Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section: Division of Corporations

P.O. Box 6327

Tallahassee, FL. 32314

02 SEP 20 PH 12: 20

ALLAHASSEE FLORIDA

*****35.00

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ARTICLES OF DISSOLUTION

02 SEP 20 PM 12: 20

ALLAHASSEE 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: American Surgery Centers of	
	South Florida, Inc.	
SECOND:	The date dissolution was authorized: 9/9/02	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	solution was approved by the shareholders. The number of votes sufficient for approval.	cast for dissolution
Diss	solution was approved by vote of the shareholders through voting	groups.
	The following statement must be separately provided for each votin ntitled to vote separately on the plan to dissolve:	ıg group
The	number of votes cast for dissolution was sufficient for approval b	у
	(voting group)	
Sig	gned this 9th day of September ,	2002
Signature _	(By the Chairman of Vice Chairman of the Board, President, or other officer)	
	Michael Yeary	
	(Typed or printed name) President	
	(Title)	