## Bob M Gajraj, MD, FAMILY PRACTICE

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Octobe 02,200,5000017522

Division of Corporations PO Box 6327 Tallahassee, Florida 32314 300003425793----10/16/00--01089--005 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

To Whom It May Conern:

Enclosed please find an Articles of Dissolution form notifing you of the dissolution of Parkland Medical Center. TAX TD #65-0556459

Please contact this office at the above number if you have any question.

Sincerely,

Bob M Gairai MD

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Flore<sup>1</sup>: profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is:	PARKLAND	MEDICA	( Cer	NTE
	Associates, P.A.		····· ,		
SECOND:	The date dissolution was authorized:		· /3	00	<del> </del>
THIRD:	Adoption of Dissolution (CHECK ONE)			SECRE	30 00
	ssolution was approved by the shareholde sufficient for approval.	rs. The number	of votes cast	HASSEE.	
	ssolution was approved by vote of the sha			8	1:23
	The following statement must be separated in the plan to distinct to vote separately on the plan to distinct the plan th		ach voting gi	roup	
The	number of votes cast for dissolution was	sufficient for ap	proval by		•
	(voting grou	p)		***	
Sig	gned this13 day of\ OC706	tr 00		·•.	
Signature _	M. H Gapy	мъ			
_	(By the Chairman or Vice Chairman of the Bo	ard, President, or othe	er officer)		
•		SATRAT.			÷
	(Typed or printed	name)			
	<i>M</i> 9				
	(Title)				