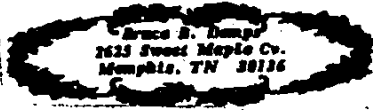


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City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-07/07/97--01167-012  
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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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FL Diss  
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288

Examiner's Initials

CARLETTA SMITH-DEMPS, M.D., P.A.

.....(name of corporation).....

### ARTICLES OF DISSOLUTION

Carletta Smith-Demps, M.D.P.A., a Florida corporation, executes the following articles of dissolution pursuant to section 607.1403 of the Florida Business Corporation Act:

FIRST: The name of the corporation  
is..... (the "company"). CARLETTA SMITH-DEMPS, M.D., P.A.

SECOND: The company's articles of incorporation were  
filed on .....(date)...5.22.95

THIRD: ☒ None of the company's shares of stock have been  
issued.

[OR]

THIRD: The company has not commenced business.

[OR]

THIRD: The company has not commenced business and none  
of the company's shares of stock have been issued.

FOURTH: The company does not have any unpaid debt.

FIFTH: A majority of the .....incorporators/  
directors..... of the company authorized the  
dissolution of the company on .....(date)..... JUNE 16, 1997

[For use only if shares were issued]

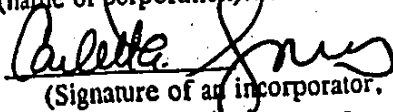
SIXTH: The company's net assets remaining after winding  
up the company's affairs have been distributed to  
the company's shareholders.

EXECUTED: .....(date)...JUNE 16, 1997

CARLETTA SMITH-DEMPS, M.D., P.A.

.....(name of corporation).....

By:



(Signature of an incorporator,  
if adopted by the incorpora-  
tors, or by the chairman or  
vice chairman of the board of  
directors, president, or other  
officer, if adopted by the  
directors)

Name: CARLETTA SMITH-DEMPS, M.D.

Title: PRESIDENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED