P9500072980

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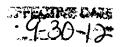
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of corporation DOCUMENT NUMBER: P95000072980 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following:			
		James C. Boman	
		(Name of Contact Person)	
		(Firm/Company)	
12860 Plummer Grant Rd.			
(Address)			
Jacksonville, Florida 32258-4109			
(City/State and Zip Code)			
For further information concerning this matter, please ca	11:		
James C. Boman at (90	04) 504-6359		
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ Certificate of Status Certified C (Additional enclosed)	l copy is Certified Copy		
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

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation supprissible following articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of James C. Boman, Jr., M.D., P.A. The document number of the corporation (if known): P95000072980 SECOND: The date dissolution was authorized: 08/30/2012 THIRD: Effective date of dissolution if applicable: 09/01/201 (no more than 90 days after dissolution file Adoption of Dissolution (CHECK ONE) FOURTH: 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 James C. Boman, Jr., M.D. (voting group) Signature: (By a director, president or other officer - if directors or officers have not been selected, by ab incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) James C. Boman, Jr. M.D. (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

PTSD