

P9600002593

OUTPATIENT MEDICAL CARE CENTER, INC.  
8303 N. 46TH ST.  
TAMPA, FLORIDA 33617  
(813) 914-0310

MARCH 01, 1998

FLORIDA DEPARTMENT OF STATE,  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

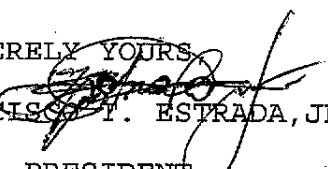
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-04/13/98--01078--021  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

DEAR SIR/MADAM,

PLEASE FIND THE APPLICATION OF THE ARTICLES OF  
DISSOLUTION OF OUTPATIENT MEDICAL CARE CENTER, INC.

ENCLOSED IS THE AMOUNT OF \$35.00 FOR FEE. IF YOU HAVE  
ANY QUESTION I COULD BE REACH AT THE ABOVE TELEPHONE NUMBER.

THANK YOU SO MUCH FOR YOUR KIND ATTENTION.

SINCERELY YOURS  
  
FRANCISCO T. ESTRADA, JR.  
PRESIDENT

FILED  
98 APR 13 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

See 4/16

## ARTICLES OF DISSOLUTION

**FILED**  
98 APR 13 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, 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: OUTPATIENT MEDICAL CARE CENTER, INC.

SECOND: The date dissolution was authorized: DECEMBER 29, 1997

THIRD: 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 vote of the shareholders through voting groups.

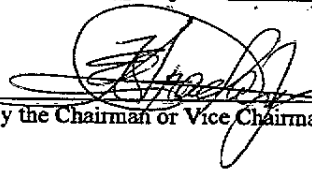
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 01 day of MARCH, 1998

Signature

  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

FRANCISCO T. ESTRADA, JR.  
(Typed or printed name)

PRESIDENT AND SOLE SHAREHOLDER  
(Title)