245 E.	equestor's Name	0/8891
245 E.	12 A 212-6580	
City/State	1/2 212-6580 1/2ip Phone #	7000020424779 -12/31/3601077007 ****245.00 *****35.00 Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMB	BER(S), (if known):
2.	poration Name) (Docu	tents Inc ument#) pale 1891.
3(Сог	poration Name) (Docu	unent#)
	,	
4(Con	poration Name) (Docu	unent #)
Watte in [Pick up time Will wait Photocopy	Certified Copy Certificate of Stants &
NEW FILINGS	AMENDMENTS	DEC 3
Profit	Amendment	SS - S
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	3: 52
Domestication	Dissolution/Withdrawal	DF .V
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	OF STATION STA
Fictitious Name	Foreign	, con 3)
Name Reservation	Limited Partnership	TV.
	Reinstatement	470 ED
	Trademark	* ~
	Other	N HENDRICKS DEC 3 1 1996
CR2E031(1/95)	متايد	Examiner's Initials
		/

ARTICLES OF DISSOLUTION

96 DEC 31 PM 3: 52

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submitty the following articles of dissolution:

FIRST: The name of the corporation is: CATTIAL PSY chofog Teal CONSULTER
SECOND: The date dissolution was authorized:
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
Signed this 3/5t day of Dec., 19 9/6.
Signature (By the Chauman of Vice Chauman of the Board, President, or other officer)
A LANELL MD MALED (Typed or printed name)
Mestart/aust