

P96 0000 28339

(Requestor's Name)

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(Business Entity Name)

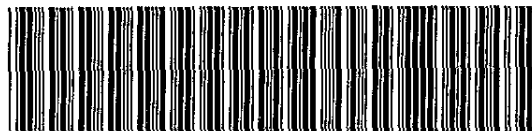
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VO/dis
T. Lewis 8/5/03

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *Certificate of Dissolution for Iglesias & Hernandez-Suarez, P.A.*

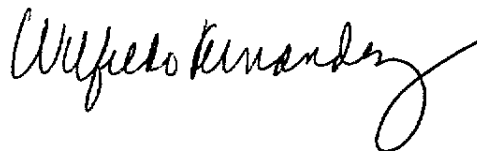
Ladies and Gentlemen:

Attached is an original Articles of Dissolution for the above-referenced professional association. I am enclosing a check made out to the Florida Department of State for \$43.75 to be applied to the \$35 filing fee and \$8.75 for a certified copy.

Please forward the certified copy to:

Nidia M. Iglesias, M.D.
9451 West Broadview Drive
Bay Harbor Islands, Florida 33154
(305) 534-8005

Very truly yours,

A handwritten signature in black ink, appearing to read "Wilfredo Fernandez", with a stylized flourish at the end.

Wilfredo Fernandez
99 N.E. 4th Street
Miami, Florida 33132
Fla. Bar No. 142859

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: Nidia M. Iglesias, M.D. and
Y. Hernandez Suarez, M.D., P.A.

SECOND: The date dissolution was authorized: July 31, 2003

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 _____ day of _____

Signature _____

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

Nidia M. Iglesias, M.D.
(Typed or printed name)

President

(Title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA