## P96000040830

Tallahassee Professional Voice Clinic,

1405 Centerville Road Suite 5400 Tallahassee, Florida 32308 Clinic (850) 668-5395 Studio (850) 539-0594 Mobile (850) 545-8959

Kimberle Moon, D.M.A., Director

Olmoy 30 AM 8: 23

May 29, 2001

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

800004334018--3 -05/30/01--01040--004 \*\*\*\*\*43.75 \*\*\*\*\*43.75

Dear Sirs:

Enclosed please find the completed Articles for Dissolution for the Tallahassee Professional Voice Clinic, Inc., and a check in the amount of \$43.75 to cover the cost of the filing fee(\$35.00) and a certificate of staus (\$8.75).

If you should need anything further, I can easily be reached this summer at my home:

710 Sheline Drive Havana, Florida 32333 (850) 539-8959

Sincerely,

Kimberle Moon, D.M.A.

Director, Tailahassee Professional Voice Clinic

## 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: 12/12/12/55/61/25  |
|---|
| Voice Clinic, INC.  |
| SECOND: The date dissolution was authorized: May 29, 2001   |
| 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? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?      |
| The number of votes cast for dissolution was sufficient for approval by   |
| (voting group)  |
| Signed this 39 day of May, 2081.  |
| Signature Work Moov  (By the Chairman or Vice Chairman of the Board, President, or other officer)                   |
| Kimberle Moon (Typed or printed name)   |
| President   |
|   |