

P960000-45536

Carecorp Physicians, Inc.  
Requestor's Name

1801 S. Federal Hwy., Suite 312  
Address

Delray Beach Fl. 33483-3335  
City/State/Zip Phone #

100002108751--4  
-03/10/97--01118--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Amendment                              |
| <input type="checkbox"/>            | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/>            | Change of Registered Agent             |
| <input checked="" type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

SH 3/31

FILED  
97 MAR 31 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

March 12, 1997

Carecorp Physicians, Inc.  
1801 S. Federal Hwy.  
Suite 312  
Delray Beach, FL 33483-3335

**SUBJECT: CARECORP PHYSICIANS, INC.**  
Ref. Number: P96000045536

We have received your document for CARECORP PHYSICIANS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris  
Corporate Specialist

Letter Number: 297A00012672

## ARTICLES OF DISSOLUTION

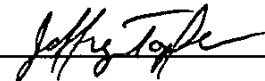
Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- FIRST:** The name of the corporation is CARECORP PHYSICIANS, INC., a Florida Corporation.
- SECOND:** The articles of incorporation were filed on May 22, 1996 and assigned document number P96000045536. The Articles of Incorporation were Amended on August 30, 1996 and the name of the corporation NOVUS PHYSICIANS, INC. was changed to CARECORP PHYSICIANS, INC.
- THIRD:** None of the corporation's shares have been issued nor has the corporation commenced business.
- FOURTH:** No debt of the corporation remains unpaid.
- FIFTH:** Adoption of Dissolution. All of the incorporators and directors authorized the dissolution.

Signed this 15th day of March, 1997.



Glen Udine  
Chairman and CEO  
Director/incorporator



Jeffrey Topfer  
Vice Chairman and President  
Director/incorporator

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