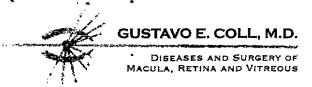
096000048991

(Requestor's Name) - (O() (0840 Styron Creek) - (G,FL 33156	300015426763
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	04/08/030103B003 ***3
Certified Copies Certificates of Status Special Instructions to Filing Officer:	O3 APR -7 PH 3: 43 SECRETARY CF STATE TALLAHASSEE FLUXUS

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DIPLOMATE, AMERICAN BOARD OF OPHTHALMOLOGY

March 17, 2003

Florida Department of State Division of Corporation

Re: GUSTAVO E. COII, M.D. PA (TAXID# 65-0677469)

Dear Madam or Sir,

Please desolve the corporation Gueravo E. Cou, M.D., At (FD# 65-00077469) effective immediately. Please forward any and all relevant documents to 10840 Snapper Creek Road, Coral Goldes, Florida 33156. Thank your for your attention who flies matter.

Swerely yours,

Opot E Commo

CC: Petur addum: 10840 Snapper Creek Rood, Gral Gables FL 33156 phone number: (305) 772-7104 6360 SUNSET DRIVE · SOUTH MIAMI, FL 33143 · TEL: 305-668-4401 · FAX: 305-668-9981

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: Gustavo E. Coll, M.D., P.A.
SECOND:	The date dissolution was authorized: 1\pr\03
THIRD:	Adoption of Dissolution (CHECK ONE)
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	solution was approved by vote of the shareholders through voting groups.
	he following statement must be separately provided for each voting group at the separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sig	ned this 30 day of Jansary, 2003.
Signature Guston E. GM (By the Chairman or Vice Chairman of the Board, President, or other officer)	
_	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	GUSTAUD # (01) (Typed or printed name)
	President (Title)