P96000052131

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of a Corporation	on
DOCUMENT NUMBER P96000052131	
DOCUMENT NUMBER: P96000052131	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Jon A. Kotler, M.D.	
(Name of Contact Person)
Florida Metabolic Imagin	g, Inc.
(Firm/Company)	
P.O. Box 11697	•
(Address)	
Ft. Lauderdale, FL 33339	
(City/State and Zip Code	
For further information concerning this matter, please call:	:
Anita Paoli, Esq. at (_954	 /
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\times\$\$\\$43.75 Filing Fee & \$\times\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of Status & Certified Co (Additional cenclosed)	ppy Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

THE LAW OFFICES OF A. PAOLI, P.A.

ł720 HARRISON STREET, SUITE 8B HOLLYWOOD, FLORIDA 33020 TELEPHONE: (954) 925-8441 TELEFAX: (954) 920-6356

ÀNITA PAOLI

EMAIL:apaolilaw@comcast.net HTTP://WWW.APAOLI.COM

July 16, 2008

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Florida Metabolic Imaging, Inc.

Corp. Doc. No.: P96000052131

Dear Sir or Madam,

Please be advised that THE LAW OFFICES OF A. PAOLI, P.A. represent the above reference corporation. Enclosed please find the Articles of Dissolution for said corporation and a check in the amount of \$43.75 for a certified copy.

Please do not hesitate to contact me if you have any questions or need any further information.

Sincerely,

THE LAW OFFICES OF A. PAOLI, P.A.

Anita Paoli, Esq. For the Firm

AP/ha

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J. A. C. C. St. Assigned

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the logowing articles on:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Florida Metabolic Imaging, Inc.		
SECOND:	The document number of the corporation (if known): P96000052131		
ГНIRD:	The date dissolution was authorized: 4/1/08		
	Effective date of dissolution if applicable: 4/1/08 (no more than 90 days after dissolution file date)		
OURTH:	Adoption of Dissolution (CHECK ONE)		
	X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	Dissolution was approved by 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:		
	(voting group)		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Jon A. Kotler, M.D.		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

ARTICLES OF DISSOLUTION OF FLORIDA METABOLIC IMAGING, INC.

I, JON KOTLER, M.D., President of FLORIDA METABOLIC IMAGING, INC., a corporation duly organized, created and existing under and by virtue of the laws of the State of Florida, do hereby certify that:

1. The name and address of the corporation are as follows:

FLORIDA METABOLIC IMAGING, INC. P.O. Box 11697 Ft. Lauderdale, FL 33339-1697

- 2. By Joint Written Consent of the Stockholders and Directors of said corporation, dated for day of for formal dated for day of formal dated for for formal dated for formal dat
 - 3. The dissolution of the corporation shall be effective as of /08.

day of _______, 2008, by JON KOTLER, M.D., as President of FLORIDA METABOLIC IMAGING, INC., a Florida corporation, on behalf of the corporation, to me personally known _____ or produced as identification ______



Heather	Asendor/	
Name:		
Notary Public		
My Commission Exp	oires:	
Commission No ·		