City/State	Address Phone #	50002082875 -02/11/9701006- #****35.00 *****
	Zip Phone #	
CORPORATION		Office Use Only
	NAME(S) & DOCUMENT	NUMBER(S), (if known):
1	Poration Name)	
2		(Document #)
(Co	Poration Name)	(Document #)
3(Co	Poration Name)	(Document #)
4		(Socialism m)
(Co	Poration Name)	(Document #)
☐ Walk in	Pick up time	Certified Copy
	Will wait Photoc	
NEW FILINGS	AMENDMENTS	97
Profit	Amendment	FEB 3
NonProfit	Resignation of R.A., Officer	r/Director 6
Limited Liability	Change of Registered Agen	# 4: 19
Domestication	Dissolution/Withdrawal	
Other	Merger	r/Director PH 4:
	THE PROPERTY OF THE PROPERTY O	
THE PERSON NAMED IN THE PE	REGISTRATION/ QUALIFICATION	/ 公 司
OTHER FILINGS	海海山森 OUALIFICATION	N 2638.
Annual Report	4 4 1	
Annual Report Fictitious Name	Foreign	THE TE
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Annual Report Fictitious Name	Foreign	THE TEST

CR2E031(1/95)

Examiner's Initials

ARTICLES OF DISSOLUTION

DIVISION OF CORPERATIONS

97 FEB 10 PH 4: 19

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

FIRST: The name of the corporation is: Lawas Family Medical Certer Corp
<i></i>
SECOND: The date dissolution was authorized: 12/30/96
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
Signed this 20th day of December 1996.
Signature (By the Chairman of the Board, President, or other officer)
RAFAEL M. LAUIN. (Typed or printed name)
Parc. Sh. A
(Title)