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-09/20/99--01113--017  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

**SOUTHWEST AFFILIATED MEDICAL, INC.**

15110 PORTS OF IONA RD.  
FT. MYERS FL 33908  
Country

Phone 941-469-6716

JUNE 2 1999

DEAR SIR/MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF DISSOLUTION UNDER SECTION 607.1403 FOR THE FOLLOWING COMPANY:

SOUTHWEST AFFILIATED MEDICAL, INC. EIN 65-0711005

ACCOMPANYING THE ARTICLES OF DISSOLUTION IS A CHECK IN THE AMOUNT OF 43.75 COVERING THE FILING FEE (35.00) AND ONE CERTIFIED COPY (8.75) OF THE ARTICLES.

THE CERTIFIED COPY AND ANY INQUIRIES SHOULD BE DIRECTED TO:  
MICHELLE BRUST  
15100 PORTS OF IONA DR. #303  
FT. MYERS FL 33908  
941-482-2087

FILED  
99 SEP 20 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Uoldis*

V. SHEPARD SEP 23 1999

## ARTICLES OF DISSOLUTION

FILED  
99 SEP 20 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: SOUTHWEST AFFILIATED MEDICAL, INC.

SECOND: The date dissolution was authorized: 12/31/98

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

\_\_\_\_\_  
(voting group)

Signed this 6 day of June, 19 99.

Signature

  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

MICHELLE BRUST

\_\_\_\_\_  
(Typed or printed name)

PRESIDENT

\_\_\_\_\_  
(Title)

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(Title)