

**HCI**101 OCEAN LANE DRIVE  
#407

KEY BISCAYNE, FL 33149

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) DOCUMENT NUMBER(S) (if known):

**P96000087718**

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 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-10/02/97--01051--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 02 - 2 PM 1:35

Examiner's Initials

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# **RADIATION ONCOLOGY ASSOCIATES**

*PROVIDING TOMORROW'S RADIATION ONCOLOGY NEEDS TODAY*

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## **FAX TRANSMISSION COVER SHEET**

**DATE:**           **SEPTEMBER 12, 1997**  
**TO:**             **DIVISION OF CORPORATIONS**  
**FROM:**          **MARK L. HARRISON, M.D.**

**THIS TRANSMITTAL CONSISTS OF 1 PAGE. THIS INFORMATION IS CONFIDENTIAL AND INTENDED FOR THE ABOVE NAMED INDIVIDUAL ONLY. IF YOU HAVE ANY PROBLEMS WITH THIS TRANSMITTAL, PLEASE CALL 1 (800) 376-2466.**

**To Whom It May Concern:**

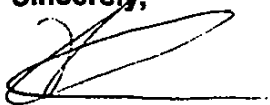
**Enclosed, please find a copy of the articles of dissolution for Harrison Communications, Inc. I have enclosed a check for \$87.50.**

**Please return the certificate of dissolution to my Miami shipping address:**

**101 Ocean Lane Dr. # 407  
Key Biscayne, FL 33149**

**Thank you very much for your assistance.**

**Sincerely,**



**Mark L. Harrison, M.D.**

101 OCEAN LANE DRIVE  
#407  
KEY BISCAYNE, FL  
SKY PAGER: (800) 376-2466  
TELEPHONE & FAX: (305) 365-0314  
e-mail: MHarrimd@aol.com

## 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: HARRISON COMMUNICATIONS, INC

SECOND: The articles of incorporation were filed on: October 24, 1996

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 30 day of September, 19 97.

Signature

Debi Harrison

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Debi Harrison

(Typed or printed name)

President

(Title)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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