P 96000/01/51

(Requestor's Name)	
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VALIDATION ONLY

04/23/03
Peter Guber Requestor's Name 9100 5 Dadeland Blvd #910
Address Miami FC 3315U City State ZIP Phone
(305)670-1010B

CORPORATION(S) NAME

Updater

Verifier

Ophthalmi	services, Inc.	
•	- 1	
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	,	
) Profit		
) NonProfit	() Amendment	() Merger
) Foreign	Dissolution	() Mark
) Limited Partnership	() Annual Report	() Other
) Reinstatement	() Reservation	() Change of Registered Agent
) Certified Copy	() Photo Copies	() Certificate Under Seal
) Call When Ready	() Call If Problem	() After 4:30
Walk in ()	Will Wait () Fick Up	() Mail Out



ARTICLES OF DISSOLUTION OF OPHTHALMIC SERVICES, INC.

I, the undersigned, President of OPHTHALMIC SERVICES, INC., a corporation duly organized under the laws of the State of Florida, do hereby for the purpose of complying with the provisions of 607.267 of the laws of the State of Florida, in relation to the Voluntary Dissolution of Corporations, execute these Articles of Dissolution and do hereby make the following statements as required by Florida law:

- 1. The name of the corporation is OPHTHALMIC SERVICES, INC.
- 2. The date of dissolution of the Corporation is April 1, 2003.
- 3. The names and respective addresses of its directors are as follows:

Warren Lieberman - Director 8940 N. Kendall Drive, Suite 400E Miami, Florida 33176

Lesley Spektor - Director 8940 N. Kendall Drive, Suite 400E Miami, Florida 33176

- 4. All debts, obligations and liabilities of the Corporation have been paid and there are no outstanding debts, obligations and liabilities of the Corporation.
- 5. All other remaining property and assets of the Corporation have been distributed among its shareholders in accordance with their respective rights and interests.
 - 6. There are no actions pending against the Corporation in any court.
- 7. The Corporation has voluntarily elected to dissolve by the consent of a majority of the shareholders which, pursuant to the Articles and Bylaws of the Corporation, constitutes a vote sufficient for such approval.

Attested to:			
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Witness Angela E. Hernande	lez	Warren Life!	perman
(Print name of Witness)			
War like to			
Witness	-		• •
(Print name of Witness)			
STATE OF FLORIDA)		
	: §		
COUNTY OF MIAMI-FLORIDA	∌ .		
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The foregoing instrument was acknowledged before me on this 2/day of 2003, Warren Lieberman, who personally appeared before me at the time of notarization and is/is not personally known to me, and who did/did not take an oath.

Notary Public, State of Florida

(Print name of Notary Public)

My Commission Expires:

(Seal)

