P97000002733
BOONE, BOONE & HINES, P. A.

P. O. BOX 1596 VENICE, FLORIDA 34284

E. G. (DAN) BOONE JEFFERY A. BOONE STEPHEN K. BOONE CHARLES D. HINES JOHN S. KODA PEGGY S. FROOK

ESTABLISHED 1956

STREET ADDRESS:

1001 AVENIDA DEL CIRCO 34285

TELEPHONE (941) 488-6716

FAX (941) 488-7079

May 4, 1998

Secretary of State Bureau of Corporate Records P.O. Box 6327 Tallahassee, Florida 32314 400002513074---7 -05/06/98--01046--004 *****35.00 *****35.00

Re:

THE HEALING CENTER AT ST. ANDREWS, P.A.

Dear Sir:

We enclose original Articles of Dissolution concerning the above-named corporation. Also enclosed is our check in the amount of \$35.00 to cover the cost of this filing.

Thank you for your assistance in this matter.

Very truly yours,

Stephen K. Boone

mks enclosures

cc: The Healing Center at St. Andrews, P.A.., w/o encls.

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SECRETARY OF STATE

VO 1015

ARTICLES OF DISSOLUTION

<u>OF</u>

THE HEALING CENTER AT ST. ANDREWS, P.A.

Pursuant to Section 607.1403 of the Florida Business Corporation Act of Florida, the undersigned corporation adopts these Articles of Dissolution.

ARTICLE I.

NAME

The name of the corporation is THE HEALING CENTER AT ST. ANDREWS, P.A.

ARTICLE II. DISSOLUTION AUTHORIZED

Dissolution of the corporation was authorized on March 19, 1998.

ARTICLE III. SHAREHOLDERS' APPROVAL

The number of votes cast by the shareholders for dissolution was sufficient for approval.

Dated this 19rd day of March, 1998.

David W. Shoemaker, M.D. Stockholder/Director

President

STATE OF FLORIDA)
COUNTY OF SARASOTA)

The foregoing instrument was acknowledged before me this day of ________, 19 0, by David W. Shoemaker, M.D., Stockholder/Director of THE HEALING CENTER AT ST. ANDREWS, P.A., on behalf of the corporation, who is personally known to me or who produced ______ as identification.

* Delicate

DEANNE M WEBB My Commission CC418150 Expires Nov. 02, 1998 Bonded by ANB 800-852-5878 NOTARY PUBLIC

Sign Whate M. With Print Deanne M. Webb

My Commission Expires: (SEAL)

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