## P970000/6469 Requestor's Name

Address

990 Hammond Drive Suite 300	Office Use Only	
Atlanta, Georgia 30328	R(S), (if known):	
` •	oration Name) (Do	8000027603689 -02/01/9901107013 *****35.00 *****35.00
2. <u>(Corpo</u>	cument #)	
4		cument #)
(Corpo	oration Name) (Do	cument #)
	Pick up time Will wait Photocopy	Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Direct	tor
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
		7
Other	Merger	
	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement	FILED 39 FEB - I PM 4: 57 SECRETARY OF STATE ALLAHASSEE, FLORIDA
Other  OTHER FILINGS  Annual Report  Fictitious Name	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership	FILED  99 FEB -1 PM 4: 57  SECRETARY OF STATE VLLAHASSEE, FLORIDA  Dissolution 2-5-9

Examiner's Initials

CR2E031(1/95)

## FILED

## ARTICLES OF DISSOLUTION

99 FEB - 1 PM 4: 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:	<u>PSA Clinical Lab</u>	oratory, Inc.	·
SECOND:	The date dissolution was authoriz	ed: <u>December 31,</u>	1998	• "
THIRD:	Adoption of Dissolution (CHECK	ONE)		
	olution was approved by the sharel sufficient for approval.	nolders. The number of	votes cast for dissolution	- 
☐ Diss	olution was approved by vote of th	e shareholders through v	oting groups.	
e	The following statement must be separately on the planumber of votes cast for dissolution	nn to dissolve:		
	(vot	ing group)		e
Signature	Sarah C	ecember Doxu	. 1998	
	(By the Chairman or Vice Chairman  Sarah C. G.  (Typed o		officer)	
	President a	nd Director (Title)	<del></del>	