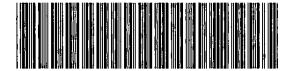
P97000033098

(Re	questor's Name)	
(Add	dress)	_
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF SHALE

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: Dissolution of Corporati	on			
DOCUMENT NUMBER: P97000033098	3			
The enclosed Articles of Dissolution and fee are submit	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
Guillermo P. Gubbins				
(Name of Contact Pers	on)			
(Firm/Company)				
475 Biltmore Way, Suite 207A				
(Address) Coral Gables, FL 33134	<u>.</u>			
(City/State and Zip Co	SEP 23 LAHASS			
For further information concerning this matter, please call:				
Guillermo P. Gubbins at (30	25 301-8821 25 57 Area Code & Daytime Telephone Mimbers			
(Name of Contact Person) (A	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:	5			
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certified € (Additional enclosed)	Copy Certificate of Status & Certified Copy			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department GUILLERMO P. GUBBINS, M.D., P.A.	of Stat	e:		
SECOND:	The document number of the corporation (if known): P97000033098				
THIRD:	The date dissolution was authorized: JUNE 19, 2013				
	Effective date of dissolution if applicable: SEPTEMBER 19, 2 (no more than 90 days after dissolution)	2013 on file da	te)	_	
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes can was sufficient for approval.	st for di	issolu	tion	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitle Z <u>s</u>	d		
	The number of votes cast for dissolution was sufficient for approval by	ECRETARY	3 SEP 23	=	
	(voting group)	OF STATE	PH 5: 15	ED	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	GUILLERMO P. GUBBINS, M.D.				
	(Typed or printed name of person signing)	•			
	PSTD				
	(Title of person signing)				

Filing Fee: \$35