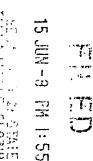
P970000H060H

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
		,		
		į		
		i		

Office Use Only



06/08/15--01009--005 **35.00



JUN 1 6 2015 C McNAIR

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Corporate Dissolution of HS1 Practice Ser
DOCUMENT NUMBER: P97 000040604
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alberto Rodriguez (Name of Contact Person)
· · · · · · · · · · · · · · · · · · ·
HSI Medical Management, Inc. (Firm/Company)
2001 South Andrews Ave (Address)
Ft. Lauderdale, FL. 33316 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Alberto Rodriguez at (305) le 14-5015 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\\$35 \text{ Filing Fee } \Boxed{\Boxes} \\$43.75 \text{ Filing Fee & Certificate of Status} \Boxed{\Boxes} \\$43.75 \text{ Filing Fee & Certificate of Status} \Boxed{\Boxes} \\$Certified \text{Copy} \\ (Additional copy is enclosed) \\ (Additional copy is enclosed)
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 Departm HS1 Practice Services, Inc.		TSe:	A STATE OF THE STA				
SECOND:	The document number of the corporation (if known):	1 1 g	727					
THIRD:	The date dissolution was authorized: May 1, 2015							
	Effective date of dissolution if applicable:	LDST FF	្រា					
	(no more than 90 days after disso Note: If the date inserted in this block does not meet the applicable statutory filing req not be listed as the document's effective date on the Department of State's records.			ate will				
FOURTH:	Adoption of Dissolution (CHECK ONE)							
	■ Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for	dissol	ution				
	☐ Dissolution was approved by the shareholders through voting groups.							
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:							
	The number of votes cast for dissolution was sufficient for approval by							
	(voting group)			_				
	Signature: (By a director, president or other office) - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	•						
	Martin Bilowich							
	(Typed or printed name of person signing)							
	President							
	(Title of person signing)							