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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.

Account Number : 120050000098

Phone

: (239)992-6578 : (239)992-9328

Fax Number

DISSOLUTION OR WITHDRAWAL CATARACT & LASER SURGERY CENTER, INC.

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COVER LETTER

Division of Corporations	
Division of Corporations	
SUBJECT: CATARACT & LASER SURGER	Y CENTER, INC.
DOCUMENT NUMBER: P97000069118	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
DONNA M. FLAMMANG	
(Name of	Contact Person)
BRENNAN MANNA & DIAMOND, P.L.	
(Fir	m/Company)
27200 RIVERVIEW CENTER BLVD., SUITE 31	
(A	Address)
BONITA SPRINGS, FL 34134	
(City/St	ate and Zip Code)
For further information concerning this ma	itter, please call:
DONNA M. FLAMMANG	at (239) 992-6578
(Name of Contact Persou)	(Area Code) (Daytinie Telephone Number)
Enclosed is a check for the following amount	int:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$43.75 Filing Fee & ☐ Certificate of Status & ☐ Certified Copy (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

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ARTICLES OF DISSOLUTION

2019 APR -3 A B 45

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 of State: CATARACT & LASER SURGERY CENTER, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: MARCH 30, 2019		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)		
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	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: _/s/ Stephen E. Smith, M.D.		
	(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)		
	STEPHEN E. SMITH, M.D.		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		