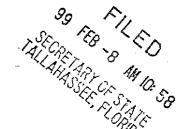
The Omega Managem Requester's Name  315 S. E. Mizner Blud Address  Buca Caton, Fh. 334  City/State/Zip Phone #	8/195 ent Group, Inc. = 1. Suite 210 600002768126-5 -02/08/99-01134-018 *****96.25 ******52.50
	Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS  □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other  OTHER FILINGS □ Annual Report □ Fictitious Name	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

TLL





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

FIRST:	The name of the corporation is: SOUTH FLORIDA INF CONSULTANTS, P.A.	ECTIOUS DISEASE
SECOND:	The date dissolution was authorized: _DECEMBER	31, 1998
THIRD:	Adoption of Dissolution (CHECK ONE)	•
	lution was approved by the shareholders. The nu for dissolution was sufficient for approval.	mber of votes
	lution was approved by vote of the shareholders agh voting groups.	<u>-</u> -
[The follo	owing statement must be separately provided for to vote separately on the plan to dissolve:	each voting group
"The numbe	er of votes cast for dissolution was sufficient	for
approval h	(voting group)	- "]
Signe Signature (By the C	day of January  Majdat  Chairman or Vice Chairman of the Board, President,	_, 19 <sup>99</sup> or other officer)
	MELVIN S. KOHAN, M.D. (Typed or printed name)	<u>-</u>
	PRESIDENT (Title)	<del>-</del>