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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.

Account Number : 072720000266 Phone

: (941)366-4800

Fax Number

: (941)366-5109

# DISSOLUTION

NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLES OF DISSOLUTION

NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA, P.A., a corporation organized under the laws of the State of Florida, having taken action to dissolve under the provisions of Section 607.1402, Florida Statutes, governing voluntary dissolution by consent of the shareholders, hereby files these Articles of Dissolution in accordance with Section 607.1403, Florida Statutes.

- The name of the corporation is NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA, P.A.
  - 2. Dissolution of the corporation was authorized on December 31 32003.
- 3. The number of shares cast for dissolution, or consenting in writing to dissolution, was sufficient for approval.

In witness whereof, I have executed these Articles of Dissolution this 31st day of December 2003.

NEUROLOGICAL RESEARCH INSTITUTE OF

SARASO7

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...

Its President

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## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

NAME AND AL	DDRESS OF CLAIMANT;	
DETAILED DE	SCRIPTION OF THE NATURE OF THE CLAIM; AND	
THE ALLEGED	FACTS GIVING RISE TO THE CLAIM.	
		<del></del>
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
<u>.</u>	5881 BEE RIDGE ROAD, SUITE 100	,
٤	SARASOTA, FLORIDA 34283	
_		pr.
•. •		

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PETER L. MAYER

Printed Name of the Person Filing

Signature of the Person Hilin

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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00