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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

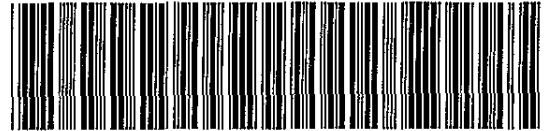
(Business Entity Name)

(Document Number)

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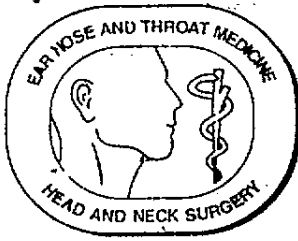
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03 FEB 24 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dissolution

T BROWN FEB 27 2003



Fort Myers Ear, Nose and Throat Consultants

WHELMAN MEDICAL ARTS BUILDING
8380 RIVERWALK PARK BLVD., SUITE 200 FORT MYERS, FL 33919
PHONE (941) 481-4911 FAX (941) 481-6360

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Surgery Center of Fort Myers, Inc
8380 Riverwalk Park Blvd. Suite 240
Fort Myers, FL 33919
EIN: 65-0929677

Dear Sirs:

I am closing the Surgery Center of Fort Myers, Inc, as of January 1, 2003, due to changes in Board of Medicine Rules and non-profitability.

I was the sole owner.

Douglas Stevens, M.D.

ARTICLES OF DISSOLUTION

FILED
03 FEB 24 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: Surgery Center of Fort Myers, Inc.

SECOND: The date dissolution was authorized: 1 Jan 2003

THIRD: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

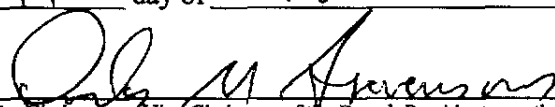
Dissolution was approved by vote of the shareholders through voting groups.

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)

Signed this 14 day of Feb 2003, 2003

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

DOUGLAS M STEVENS MD
(Typed or printed name)

President, Sole owner
(Title)