

09-0000030748

FILED

02 SEP -9 PM 1:39

September 4, 2002

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-09/09/02--01073--002
*****43.75 *****43.75

To whom it may concern:

Here is the form for my Articles of Dissolution. Enclosed is a check for \$43.75. This is to cover my filing fee as well as one certified copy of the dissolution.

My telephone # is: 407-302-0689.

My address is:

Michael O'Connor
1024 High Point Loop
Longwood, FL 32750

Thank you.

Michael A. O'Connor

Ps 9/16/02
DISS

ARTICLES OF DISSOLUTION

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: O'CONNOR SURGICAL, INC.

SECOND: The date dissolution was authorized: AUGUST 1, 2001

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

Signed this 3RD day of September, 2002
(voting group)

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

Michael A. O'CONNOR
(Typed or printed name)

President
(Title)