P99000042745

PRIMARY CARE ASSOCIATES OF MIAMI, INC.

P.O. Box 823836 South Florida, Florida 33082-3836

December 31, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 500003108835--9 -01/24/00--01130--006 *****43.75 *****43.75

To Whom It May Concern:

In accordance with Section 607.1403, Primary Care Associates of Miami, Inc. is voluntarily dissolving by filing articles of dissolution with the Division of Corporations.

The Federal Employer Identification number for Primary Care Associates of Miami, Inc. is 65-0932398.

A check made payable to the Florida Department of State in the amount of \$43.75, which is comprised of \$35.00 for filing fee and \$8.75 for certificate of status, is enclosed.

My telephone number and return address are as follows:

Steven Zaffos 1941 Northwest 182nd Terrace Pembroke Pines, Florida 33029 (954) 438-8827

Thank you,

Steven Zaffos President 3-3-00 D/53 00 JAN 24 PM 3: 20

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation is: Primary Care Associates
- of	Miami, Inc.
SECOND:	The date dissolution was authorized: Docember 31, 1999
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	solution was approved by vote of the shareholders through voting groups.
T er	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sig	ned this 31 day of December, 1999.
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	STEVEN ZAFFOS (Typed or printed name)
	President.
	(Title)