P99000043452-

P.O. BOX 85035 Hallandale, FL 33008-5035

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

l	
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #) -09/06/0001013005 *****35.00 *****35.00
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(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION Foreign
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

9-15-2000

Examiner's Initials

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION 00 SEP -6 PM 4:00

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: LEONIO MAGIOENKO, M.D., P.A.	
SECOND:	The filing date of the articles of incorporation was: $\frac{5}{12}/99$	
THIRD:	(CHECK ONE)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FOURTH:	No debt of the corporation remains unpaid.	
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	☑ A majority of the incorporators authorized the dissolution.	
	☐ A majority of the directors authorized the dissolution.	
Si	gned this 31 day of <u>July</u> , 2000	
Signat	(By the chairman of vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)	
	LEUNID HAGIDENKO (Typed or printed name)	
	/NCORPORATOR (Title)	