

Division of Corporations Public Access System

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## DISSOLUTION OR WITHDRAWAL

ORTHOPEDIC GROUP OF SOUTH FLA INC.

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Dec. 10 2007 10:47AM P2



acember 10, 2007

FLORIDA DEPARTMENT OF STATE

RTHOPEDIC GROUP OF SOUTH FLA INC.

020 CORAL WAY IAMI, FL 33155

UBJECT: ORTHOPEDIC GROUP OF SOUTH FLA INC.

EF: P99000092747

e received your electronically transmitted document. However, the locument has not been filed. Please make the following corrections and lefax the complete document, including the electronic filing cover sheet.

the document must state the date the dissolution was authorized.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

(rene Albritton Regulatory Specialist II

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MOTOEC 10 AM 8: 00
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Dec. 10 2007 10:47AM P3

## H'07 000 295 102

## ARTICLES OF DISSOLUTION

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

	·	
FTRST;	The name of the corporation as currently filed with the Plorida Department of State:	
	ORTHOPEDICS GROUP OF SOUTH FLA INC.	•
SECOND:	The document number of the corporation (if known): P49 0000 92747	
THIRD:	The date dissolution was authorized: 9/22/2000	
	Effective date of dissolution if applicable: 9/22/2000 (so more than 90 days after dissolution file date)	,
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	กั
	Dissolution was approved by 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	
·. :	<u>.</u>	E A E
	(voting group)	THE STATE OF THE S
		<u>≥</u>
		2
		٠.
5	Signature (Van Vira-VII)	نئ
	(By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	Ø ·
,	Christine Pena (Typed or printed name of person signing)	•
	(Typed or printed name of porson signing)	•
	President	
•	(Title of person signing)	

Filing Fee: \$35

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