\$63500

ON SECRETARIAN SEC

• (Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
,,	P	_
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Consist instructions to		-
Special Instructions to	Filing Officer:	

Office Use Only



800014436158

03/24/03--01083--020 **560.00

Voldis

TRANSMITTAL LETTER

TO: Secretary of State

Division of Corporations

SUBJECT: OMNA Medical Partners, Inc.

Please be advised that effective September 12, 2002, the Bankruptcy Court of the District of Delaware approved the Second Amended Joint Plan of Liquidation (Case No. 00-1493) for OMNA Medical Partners, Inc. and all of its affiliated debtor entities, including: Advance Acquisition, Inc., Brielle Orthopedics, Inc., CJHS Acquisition, Inc., EOA Acquisition, Inc., KF Acquisition, Inc., NCTN Acquisition, Inc., SWFNA, Inc., OMNA Medical Networks, Inc., Atlantic Shore Orthopaedic Associates Management, Inc., CPS Acquisition, Inc., F.S.I. Management, Inc., MBO Acquisition, Inc., RDB Acquisition, Inc., South Florida Orthopedic Care, Inc., and C Med, Inc.

Attached is a consent and applicable withdrawal application(s) for certain OMNA affiliated subsidiaries, along with the appropriate application fee.

Please return all correspondence concerning this matter to the following:

Alyssa R. Barbour (residential address) 45018 Gardner Drive Alpharetta, GA 30004

For further information concerning this matter, please call Alyssa R. Barbour at 770-475-3019.

ARTICLES OF DISSOLUTION

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

FIRST:

The name of the corporation is: SOUTH FLORIDA ORTHOPAEDIC CARE,

INC.

SECOND:

The date dissolution was authorized: October 31, 2002.

THIRD:

Dissolution was approved by the sole shareholder of the corporation.

Signed this __

day of nee

, 2002.

Signature:

Name:

Alyssa R. Barbour

Title:

Director of Legal Affairs and Secretary