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FROM GRAY ROBINSON PA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

DISSOLUTION OR WITHDRAWAL
LAKELAND SPINE CENTER, INC.

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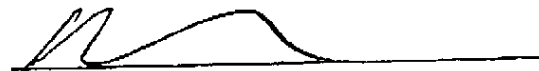
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**ARTICLES OF DISSOLUTION
OF
LAKELAND SPINE CENTER, INC.**

Pursuant to the provisions of Section 607.1403, Florida Statutes, as amended, LAKELAND SPINE CENTER, INC., a Florida corporation (Document Number S97297), hereby adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

- (1) The name of the corporation is LAKELAND SPINE CENTER, INC.
- (2) The date on which the dissolution of the corporation was authorized was February 25, 2019 and the effective date of the dissolution will be the date of the filing of the Articles of Dissolution.
- (3) The dissolution was approved by the joint unanimous written consent of the sole Shareholder and the Directors of the corporation.
- (4) A Notice of Corporate Dissolution pursuant to Section 607.1407, Florida Statutes is attached hereto.

EXECUTED 25th day of February, 2019.


Dane V. Parker, President

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NOTICE OF CORPORATE DISSOLUTION

This notice is submitted with the Articles of Dissolution by the dissolved corporation named below for resolution of payment of unknown claims against this Corporation as provided in §607.1407, Florida Statutes.

The "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of the Corporation is **LAKELAND SPINE CENTER, INC.**, a Florida corporation (the "Corporation").

Date of dissolution will be the date of the filing of the Articles of Dissolution with the Florida Secretary of State.

This Notice of Corporate Dissolution requires that persons with claims against the Corporation which are unknown to the Corporation as successor entity must be submitted in accordance with this Notice.

Any such claim against the Corporation must include the following information:

Please describe with specificity the nature of the claim, the amount of the claim, the date that the claim arose and the date of discovery of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations).

LAKELAND SPINE CENTER, INC.

**Attention: Dane V. Parker
3242 South Florida Avenue
Lakeland, Florida 33803**

A claim against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

LAKELAND SPINE CENTER, INC.

By: _____

Dane V. Parker, President

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