Requestor's Name Address City/State/Zip Phone # Office Use Only NORTHWEST WALK-IN CLINIC T NUMBER(S), (if known): 4802 GUNN HIGHWAY, SUITE 156 TAMPA, FL 33624 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in L Photocopy Will wait Certificate of Status Mail out NEW FILINGS. AMENDMENTS.... Amendment Profit Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FILINGS REGISTRATION/ **QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

Examiner's Initials

ARTICLES OF DISSOLUTION OF NORTHWEST FAMILY MEDICAL CENTER, P.A.

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Business Corporation Act (the "Act"), NORTHWEST FAMILY MEDICAL CENTER, P.A., a Florida corporation (the "Corporation"), adopts the following Articles of Dissolution in connection with the voluntary dissolution of the Corporation:

- 1. <u>Corporate Name</u>. The name of the Corporation is NORTHWEST FAMILY MEDICAL CENTER, P.A.
- 3. <u>Vote of Shareholders</u>. The number of votes cast by the shareholders of the Corporation for dissolution was sufficient for approval.

IN WITNESS WHEREOF, the undersigned officer of the Corporation signs these Articles of Dissolution this captal (_____, 1998.

NORTHWEST FAMILY MEDICAL CENTER, P.A.

By: Molomer, mo

Name: Michael A. Cromer, M.D.

Title: President

Prepared by: Lewis J. Conwell Florida Bar No. 0813450 Rudnick & Wolfe 101 E. Kennedy Blvd., Ste. 2000 Tampa, Florida 33602 (813) 229-2111

LJC 73173