

# V51650

Requestor's Name	
<i>See Next Pg.</i>	
Address	
City/State/Zip	Phone #

100002479581--6  
-04/06/98--01046--005  
\*\*\*\*175.00 \*\*\*\*\*35.00

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

98 APR -6 PM 2:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS APR 13 1998

*Ubold's*

**FLORIDA MEDICAL PAIN CLINIC, INC.**

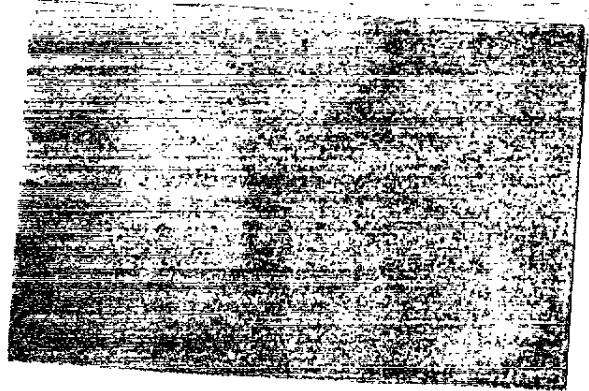
dba Baycare at Lakeland

1521 Kennedy Boulevard, Lakeland, Florida 33810

(941) 859-9104 - (941) 816-9102 FAX

March 30, 1998

Division of Corporation  
Post Office Box 6327  
Tallahassee, FL 32314



RE: Dissolution of Corporations

To Whom It May Concern:

Florida Medical North Bay, Inc.	59-3236857
Florida Medical Connection, Inc.	59-3131729
Florida Medical Brooksville, Inc.	59-3152597
Florida Medical Specialists, Inc.	59-3131726
Florida Medical Group, Inc.	59-3152598

These corporations are no longer in business. Please dissolve them as corporations in the State of Florida.

Sincerely yours,

David F. Jackson,  
President

DFJ:mjc

## ARTICLES OF DISSOLUTION

FILED  
98 APR -6 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: Florida Medical Connection, Inc. 59-3131729

SECOND: The date dissolution was authorized: April 1, 1998

THIRD: Adoption of Dissolution (check one)

☐ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☒ Dissolution was approved by vote of 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 common shareholders 100% (voting group).

Signed this 1st day of April, 19 98

Florida Medical Connection, Inc.

(Corporation Name)

By David F. Jackson  
(Chairman or Vice Chairman of the Board, President, or other officer)

David F. Jackson

(Typed or printed name)

President

(Title)