

P03000050631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

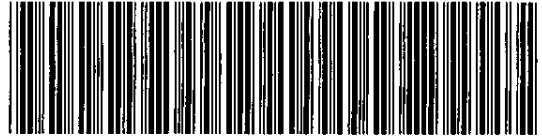
(Business Entity Name)

(Document Number)

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12/11/08--01021--014 \*\*52.50

FILED  
08 DEC 11 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*FL Diss  
KWS  
x cc  
12/11/08*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution Schlakman Medical Inc.

**DOCUMENT NUMBER:** P03000050631

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Schlakman, MD

(Name of Contact Person)

(Firm/Company)

705 Arlington Ct.

(Address)

Madison, MS 39110

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Schlakman, MD

(Name of Contact Person)

at ( 954 ) 646-5311

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

eff 12-31-08

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Schlakman Medical, Inc.

SECOND: The document number of the corporation (if known):

P03000050631

THIRD: The date dissolution was authorized:

December 5<sup>th</sup>, 2008

Effective date of dissolution if applicable:

December 31st, 2008

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

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

[ ] 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

(voting group)

FILED 08 DEC 11 PM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature:

[Handwritten Signature]

(By a director, president or 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)

Bruce Schlakman

(Typed or printed name of person signing)

President

(Title of person signing)