

530868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

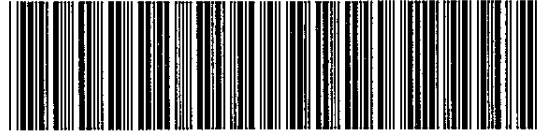
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/04--01071--006 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 AM 11:34

FILED

3/15
As directed

1725 South Tropical Trail
Merritt Island, FL 32952-5206

Samir Elkabani MD PA

March 7, 2004

Division of Corporations

Amendment Section

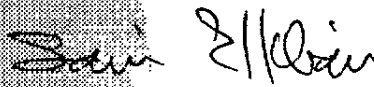
P.O. Box 6327

Tallahassee, Florida 32314

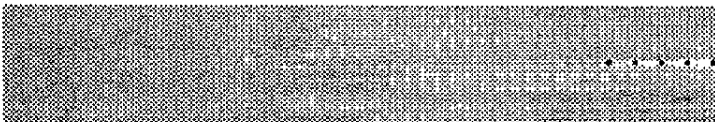
Dear Sir or Madam:

Please find attached the articles of dissolution for the aforementioned corporation FEI # 59-1738997 which was dissolved December 31, 2003. Enclosed also is a check for \$35.00 to cover required filing fees.

Sincerely,



Samir Elkabani MD
President



ARTICLES OF DISSOLUTION

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 Department of State:

SAMIR ELK BANI, MD, P.A.

SECOND: The document number of the corporation (if known): 530868

THIRD: The date dissolution was authorized: 12-31-2003

Effective date of dissolution if applicable: 12-31-2003

(no more than 90 days after dissolution file date)

FOURTH: 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 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

(voting group)

Signed this 7 day of MARCH, 2004

Signature: Samir Elkabani, M.D.

(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)

SAMIR ELKABANI MD PA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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