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AMID HABIB, M.D., F.A.A.P. DOUGLAS CENTER 789 DOUGLAS AVENUE, SUITE 137 ALTAMONTE SPRINGS, FLORIDA 32714 (Corporation Name) (Corporation Name) (Corporation Name) Walk in Pick up time Mail out Will wait Pho MEW FILINGS AMEN	(Document #)	SECRETARY OF STA	ė
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 6, 2001

PEDIATRIC ENDOCRINOLOGY CONSULTANTS, P.A. DOUGLAS CENTER 789 DOUGLAS AVENUE, SUITE 137 ALTAMONTE SPRINGS, FL 32714

SUBJECT: GLU-PRO, INC. Ref. Number: N00000002213

We have received your document for GLU-PRO, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

80 rets intilled

Letter Number: 801A00013486

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The	name of the corp	oration isoration were filed or	GM- P	eo, inclue	00000010
SECOND: T	The articles of inco	orporation were filed o	n	3/20/200	00
	-	-	-		ے میں ج
THIRD: The	corporation has	not commenced to con-	duct its affairs.		
FOURTH: N	No debts of the con	rporation remain unpai	d. YEJ	. –	ALASSEE.
		on (CHECK ONE) horized by an incorpora	ator if the corpo	ration has directors)	FLORIDE FLORIDE
' OR		horized by a majority of			-
		horized by an incorpor			
☐ The di	ssolution was aut	horized by a majority o	of the incorporat	tors.	_
Signed this _	<u> </u>	MARCH		, <i>Do</i>	<u> </u>
	Signat	ture (By the Chairman or officer - if Directors h	Vice Chairman of nave not been selec	the Board of Directors, eted by an incorporator.) HARIA, Mated name	
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