

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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**To:**

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 Account Number : I20030000107  
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**DISSOLUTION OR WITHDRAWAL**  
**GOEL FAMILY FOUNDATION, INC.**

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<b>TO:</b>	Florida Department of State	<b>From:</b>	Donna Ciancutti
<b>Fax:</b>	850-617-6380	<b>Pages:</b>	4
<b>Phone:</b>		<b>Date:</b>	December 30, 2013
<b>Re:</b>	Goel Family Foundation, Inc.	<b>CC:</b>	

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#### CONFIDENTIALITY NOTICE

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## GOEL FAMILY FOUNDATION, INC.

## ARTICLES OF DISSOLUTION

Pursuant to Section 617.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

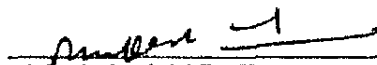
1. The name of the Corporation as currently filed with the Florida Department of State is Goel Family Foundation, Inc. (the "Corporation").

2. The Articles of Incorporation were filed on January 14, 2006 and assigned document number is N06000007511.

3. - Dissolution of the Corporation was unanimously approved on December 24, 2013 by the Board of Trustees of the Corporation. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Corporation shall be effective immediately.

4. There are no suits pending against the Corporation in any court.

The undersigned, being a member of the Board of Trustees of the Corporation, hereby approves the above Articles of Dissolution this 30<sup>th</sup> day of December, 2013.

  
Mukesh Goel, M.D., Trustee

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## NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 617.1407, Florida Statutes.

Name of Corporation is Goel Family Foundation, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

1. Date of event giving rise to the claim.
2. Nature of claim/description of event giving rise to the claim.
3. Amount of claim.
4. Name and contact information of claimant.
5. Copies of any written agreements or other documentation supporting claim.

Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations):

Mukesh Goel, M.D.  
148 Marshside Drive  
St. Augustine, Florida 32080

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

  
Mukesh Goel, M.D.

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