

NO70000005648

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11 MAY -6 PM 12:44  
DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

FILED  
11 MAY -6 PM 12:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*DR*  
*5/6/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Kazakh American Medical Partnership, Inc.

**DOCUMENT NUMBER:** 1107000005648

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

Please return all correspondence concerning this matter to the following:

Robert Snider, M.D.  
(Name of Contact Person)

Kazakh American Medical Partnership, Inc.  
(Firm/Company)

3252 Bobbin Mill Rd.  
(Address)

Tallahassee, Florida 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Snider, M.D. at ( 850 ) 894-0643  
(Name of Contact Person) (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

FILED

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

11 MAY - 6 AM '05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Kazakh American Medical Partnership, INC.
- SECOND: The document number of the corporation (if known): NO 2000005648
- THIRD: The file date of the articles of incorporation: JUNE 6, 2002
- FOURTH: The corporation has not commenced to conduct its affairs.
- FIFTH: No debts of the corporation remains unpaid.
- SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- ☒ The dissolution was authorized by a majority of the directors:  
OR
- ☐ The dissolution was authorized by an incorporator.
- ☐ The dissolution was authorized by a majority of the incorporators.

Signature: \_\_\_\_\_

Robert T. Swiden MD  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Robert T Swiden, MD  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35