P00000097175

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL.
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(Document Number)		
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Diss. W/Notice

Brown 5-13-11

COVER LETTER

TO: Amendment Section

Division of Corporations	
_{SUBJECT:} dissolve my corp. Agha Baber	Khan, MD, PA
D0000007175	
DOCUMENT NUMBER: <u>P00000097175</u>	
The enclosed Articles of Dissolution and fee are subr	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
agha khan	
(Name of Contact Pe	erson)
Agha Baber Khan, MD, PC	
(Firm/Company)	
PO Box 659	
(Address)	
Pueblo, CO 81002	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
Agha Khan at (719) 582-0477
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \(\sum \) \$43.75 Filing Fee & \(\sum \) \$43.75 Certificate of Status Certifie (Addition enclose)	d Copy Certificate of Status & Certified Copy
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

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:
	Agha Baber Khan, M.D., P.A.
SECOND:	The document number of the corporation (if known): P0000097175
THIRD:	The date dissolution was authorized: April 26, 2011
	Effective date of dissolution <u>if applicable:</u> April 26, 2011 (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 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 SECRETARY (voting group)
	(voting group) A Control of State of S
	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)
	Agha Baber Khan, MD
	(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35

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 s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Agha Baber Khan, M. D., P.A.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Moved to Colorado. There fore dissolving above corp
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Agha Baber Khan, MD, PC
1318 North Grand Ave.
Pueblo, CO 81003
719-544-0052

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

Agha Baber Khan, MD

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00