

PO2000115292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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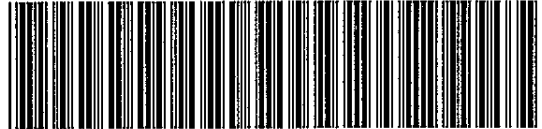
(Business Entity Name)

(Document Number)

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SECRETARY OF SIA  
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PO2000115292  
38 JUL 17 2003  
2-21-03

**SHAHIDUR RAHMAN, M.D., P.A.**

February 17, 2003

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

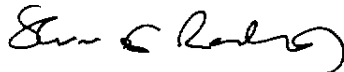
RE: Shahidur Rahman, M.D., P.A. Corporate Dissolution

Dear Sir or Madam:

Please use this letter and accompanying form as official notification that I wish to dissolve my corporation. Please note that it never commenced business nor issued shares.

Please let me know if you have any questions. Thank you.

Sincerely,



Shahid Rahman, M.D.

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: SHAHIDUR RAHMAN, M.D., P.A.

SECOND: The filing date of the articles of incorporation was: Oct 24, 2002

THIRD: (CHECK ONE)

- ☐ None of the corporation's shares have been issued.
- ☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- ☐ A majority of the incorporators authorized the dissolution.
- ☒ A majority of the directors authorized the dissolution.

Signed this 17<sup>th</sup> day of February, 2003.

Signature Shahidur Rahman  
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

SHAHIDUR RAHMAN, M.D.  
(Typed or printed name)

PRESIDENT / Director  
(Title)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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