

P03000116232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

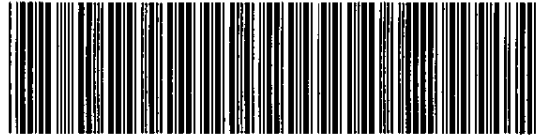
(Business Entity Name)

(Document Number)

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04/10/09--01019--021 \*\*52.50

2009 APR 10 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*AOR  
4/15/09*



2

ARTICLES OF DISSOLUTION

FILED

2009 APR 10 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Malhotra Acupuncture Centre, Inc.

SECOND: The document number of the corporation (if known): P03000116232

THIRD: The date dissolution was authorized: 06 APRIL '09

Effective date of dissolution if applicable: 06 APRIL '09  
(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

\_\_\_\_\_

(voting group)

Signature: Darad em' and

(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)

TARA DEVI MALHOTRA

(Typed or printed name of person signing)

PRESIDENT

(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: Malhotra Acupuncture Centre 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:

Name  
Address  
Date  
Phone Number  
Reason

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

P.O. Box 11163  
Sarasota, FL 34278

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.

Tara Devi Malhotra MD

Printed Name of the Person Filing

TARA DEVI MALHOTRA

Signature of the Person Filing

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