

Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : CORPDIRECT AGENTS, INC.

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007 DEC 28 AM 8: 00 SECRETARY OF STATE ALLAHASSEE. FLORIDA

DISSOLUTION OR WITHDRAWAL

KATHLEEN LEBER, M.D., AESTHETICS, P.A.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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12/27/2007 4:18:46 PM

To: Subject: From: Patricia Tadlock

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, / 850-617-8381

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Florida Dept of State

PLEASE GIVE ORIGINAL SUBMISSION

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.



December 28, 2007

FLORIDA DEPARTMENT OF STATE

KATHLEEN LEBER, M.D., AESTHETICS, Division of Corporations

2835 W DELEON ST UNIT 201

TAMPA, FL 33609

SUBJECT: KATHLEEN LEBER, M.D., AESTHETICS, P.A.

REF: P06000125115

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

If the corporation is a PROFIT corporation it must be signed 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.

If the corporation is a NOT FOR PROFIT corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: E07000306967 Letter Number: 607A00071889

P.O BOX 6327 - Tallahassee, Florida 32314

To: . Subject:

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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:	1	
	The name of the corporation as currently filed with the Florida Department of State: Kathleen Leber, M.D., Aesthetics, P.A.		
SECOND:	The document number of the corporation (if known): P06000125115		
THIRD:	The date dissolution was authorized: December 27, 2007		
	Effective date of dissolution if applicable: December 31, 2007 (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.		
S	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) SSRY OF S		
	Signature: Karbuldow, Mo (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)		
	(Typed or printed name of person signing)		
	President (Title of person signing)		

Filing Fee: \$35

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