9400017050

May 27, 1999.

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

## **Dissolution of Corporation.**

Thank you for sending the forms for dissolution of profit corporation at my request. I am returning you herewith form for Dissolution of Corporation duly completed for our company – Bloomington Medical, Inc. alongwith a check for \$43.75 being fee for dissolution and \$8.75 for a certified copy of dissolution.

We trust these documents will be found in order.

Thank you very much,

Sincerely,

In . a. Ilhan .

Mozaffer A. Khan --1140 Dot Drive Altamonte Springs FL 32714 Phone: (407) 862-4344

400002891244---8 -06/01/99--01122--013 \*\*\*\*\*\*43.75 \*\*\*\*\*43.75





## $\begin{array}{c} 99 \quad FILED\\ TALLAHASSEE OF STATE\\ tion submits \quad FLORIDA\\ \end{array}$

\*\* \*

Pursuant to section 607.1493, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

ARTICLES OF DISSOLUTION

2

FIRST:	The name of the co	rporation is:	BLOO	MINGTON MEDIC	AL, INC.
SECOND:	The date dissolutio	n was authorized	1:	April 27, 1999.	
THIRD:	<ul> <li>Adoption of Resolution (CHECK ONE)</li> <li>Model Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.</li> <li>Dissolution was approved by vote of the shareholders through voting groups.</li> </ul>				
The Following statement must be separately provided for each voting group entitled to vote separately on a plan to dissolve:					
The number of votes cast for dissolution was sufficient for approval by					al by
	Mozaffer Ali Khan				
	Signed this 27 <sup>th</sup>	day of	May,		1999 .
	Signature:	<u></u>	. Che		
	Name :	Mozaffer Ali K	han		
	Title:	President.			