Phone (850) 674-8299 Fax (850) 674-1546

## P9500050173

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 100004850101-----01/31/02--01026--011 \*\*\*\*\*43.75 \*\*\*\*\*\*43.75

Dear Sir(s);

Please find the enclosed form of dissolution of corporation for Calhoun Liberty Children's Clinic effective monday, December 31, 2001. I will be conducting business as a solo practice under the name of Misbah I. Farooqi, M.D. at 16875 NE Cayson Street, Blountstown, FL. 32424, (850) 674-8299.

If you have any questions please contact me at (850)-674-8299.

Sincerely,

Misbah I. Farooqi, M.D.

enclosures

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Dissolution

## ARTICLES OF DISSOLUTION

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tion submits the CORSE

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: <u>CALHOUN-LIBERTY CHILDRENS CLINIC</u>
SECOND:	The date dissolution was authorized: /2/3:/2001
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	solution was approved by vote of the shareholders through voting groups.
	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
<del></del>	(voting group)
Signature _	med this
	MISBAH I. FAROOQI, M.D.  (Typed or printed name)
	OWNER/Presiden (Title)