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JAY D. CAPLEN, D.D.S., P.A.

1950 Las Colinas Way Coral Springs, Florida 33071

Telephone (954) 753-4949

PILED

99 MAR 19 PM 1: 25

SECRETARY OF STATE
TALLAHASSEF FLORINA

March 15, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

400002812164--4 - - 03/19/99--01078--016 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00 .

## Gentlemen:

Enclosed is my check in the amount of \$35.00 which is the amount of the filing fee for the dissolution of my corporation.

The address and telephone for the corporation is stated above.

Sincerely yours,

Jay D. Caplen, D.D.S.

Encl.: 1. \$35.00 check

2. article of dissolution

01ss. 3\_23\_99 CC

## 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 is:  Jay D. Caplen, D.D.S., P.A.	
SECOND:	The date dissolution was authorized:  March 15, 1999	
THIRD:	Adoption of Dissolution (CHECK ONE)  Adoption of Dissolution (CHECK ONE)	7
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	; }
Ti er	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:  number of votes cast for dissolution was sufficient for approval by  (voting group)	
Signe	od this 15th day of March , 1999.	· <del>-</del>
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	Jay D. Caplen	
	(Typed or printed name)  President	
	(Title)	