City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 200 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Stat NEWFLHNGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION *****35.00 *****35.00 Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

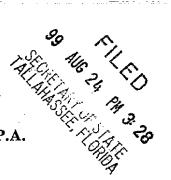
Examiner's Initia

Other

CR2E031(1/95)



ALVIN J. FILLASTRE, JR., D.D.S., P.A.



The undersigned officer of ALVIN J. FILLASTRE, JR., D.D.S., P.A. (the "Corporation"), desiring to dissolve the Corporation, hereby submits the following in accordance with Section 607.1403, Florida Statutes:

ARTICLE I

The name of the Corporation is:

ALVIN J. FILLASTRE, JR., D.D.S., P.A.

ARTICLE II

The dissolution of the Corporation was authorized on ______, 1999.

ARTICLE III

The dissolution of the Corporation was approved by the sole shareholder, and therefore the number of votes cast for dissolution was sufficient for approval.

ARTICLE IV

ALVIN J. FILLASTRE, JR., D.D.S., P.A.

ALVIN J. FILLASTRE, JR.

Its President