OFFICE USE ONLY (Document	_
LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	9000028472992 -04/22/9901060001 ******35.00 ******35.00
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
1. CECIL B. HALL DE (Corporation Name) 2. (Corporation Name) 3.	MBER(S) (if known): (Document #) (Document #) (Document #)
(Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up time Mail out Will wait Photocopy	(Document #) Certified Copy Certificate of Status
AMENT	DMENTS
	of R.A., Officer/Director
	gistered Agent
Domestication Dissolution/W	ithorawai
Other Merger	
	FION 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Reinstatemen Trademark	water the track of the state of
Other	

ARTICLES OF DISSOLUTION

Pursuant to following a	o section 607.1403, Florida Statutes, this Florida profit corporation submits the Ray
FIRST:	The name of the corporation is: CECIL B. HALL, DDS P.A.
SECOND:	The date dissolution was authorized: 4-17-99
THIRD:	Adoption of Dissolution (CHECK ONE)
was Diss	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval. olution 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: number of votes cast for dissolution was sufficient for approval by
Signe Signature	ed this 17 = day of Qpul 19 99 (By the Chairman or Vice Chairman of the Board, President, or other officer)
· 	Cecil B. Hall (Typed or printed name)
	President (Title)