

674399

Requestor's Name	
Address	
City/State/Zip	Phone #
Office Use Only	

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

400002975334-0
-09/01/99 - 01012-002
*****35.00 *****35.00

FILED
99 AUG 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution
9-1-99

Examiner's Initials	<i>LFG</i>
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 18, 1999

Robert S. Hart
5001 W. Cypress Street
Tampa, FL 33607-3887

SUBJECT: ROBERT S. HART, D.D.S., P.A.
Ref. Number: 674399

PADNE 813-289-4155

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Check one of the boxes in third.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 599A00041694

RECEIVED
59 AUG 27 AM 9:00
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

FILED

99 AUG 27 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: Robert S. Hart, D.D.S., P.A.

SECOND: The date dissolution was authorized: Dec. 15, 1998

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 10th day of August, 19 99

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

Robert S. Hart, DDS

(Typed or printed name)

President

(Title)