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Division of Corporations

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From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

071005001001

Account Number : Phone :

(727)441-8966

Fax Number

(727)442-8470

DISSOLUTION OR WITHDRAWAL F. ALLAN HEILMAN, D.D.S., P.A.

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MACFARLANE FERGUSON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of F. Allan H	eilman, D.D.S., P.A.
· ·	:
DOCUMENT NUMBER: 697182	·
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
E Alles Hellman D.D.C	1
F. Allan Heilman, D.D.S.	ntact Person)
	water a cisony
F. Allan Heilman, D.D.S., P.A.	
(Firm/C	Company)
306 Eastleigh Drive	
(Add	ress)
Belleair, FL 33756	•
	atid Zip Code)
For further information concerning this matter	, please call:
F. Allan Heilman, D.D.S.	at (727) 442-8526
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & S\$2.50 Filing Fee, Certified Copy Certificate of Status & Additional copy is Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
. ,	F. Allan Heilman, D.D.S., P.A.
SECOND:	The document number of the corporation (if known): 697182
THIRD:	The date dissolution was authorized: December 31, 2009
•	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	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 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
;	
;	(voling group)
:	Signature: (By a director, president or other officer; if directors or officers have not been selected, by
i I	
:	Signature:
: :	(By a director, president or other officer- if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
. !	F. Altan Hellman, D.D.S., P.A.
i	(Typed or printed name of person signing)
;	President - allan Hajlana 1009
	(Title of person signing)

Filing Fee: \$35

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