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* BOARD CERTIFIED IN TAXATION AND MASTER OF LAWS IN ESTATE PLANNING
\+ ALSO ADMITTED IN MASSACHUSETTS

N 41215

100004728791--6
-12/17/01--01072--007
*****43.75 *****43.75

December 12, 2001

Attn: Corporations Division
Secretary of State
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: American Medical/Dental Care Foundation, Inc.

Dear Sir or Madam:

Enclosed are the original and a duplicate copy of the Articles of Dissolution of the above proposed corporation. The duplicate copy has been subscribed and acknowledged by the subscriber in the same manner as the original. Please endorse your approval of the Articles of Dissolution on the duplicate copy, and return a Certificate of Status to this office.

A check is also enclosed in the total amount of $43.75 to cover the $35.00 filing fee and the $8.75 fee for the Certificate of Status.

Yours very truly,

Ivan M. Lefkowitz

FILED
01 DEC 17 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IML:glg
Enclosures
cc: Geraldine Ferris, D.M.D.
Louis Martinez, C.P.A.

Dissol
ac
12/21

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is AMERICAN MEDICAL/DENTAL CARE FOUNDATION, INC.

SECOND: Adoption of dissolution
(Complete Section I or II)

SECTION I
If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted 12-02-01, 2001.

(CHECK ONE)

☐ The number of votes cast for dissolution was sufficient for approval.

☒ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II
If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was 12-02-01.

The number of directors in office was 6 and the vote for the resolution was 6 for and 0 against.

FILED
01 DEC 17 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 02 day of December, 2001.

Signature [signature]
(By the Chairman or Vice Chairman of the Board, President or other officer)

GERALDINE M. FERRIS, D.M.D.
(Typed or printed name)

PRESIDENT
(Title)