

P00000015774

July 14, 2004

DEBIT MEMO ANNUAL REPORT
DISSOLUTION NOTICE

ANNUAL REPORT: ALL SEASONS
DENTAL CLINIC, INC.

DEBIT MEMO: 45074-F

000039146860

CHECK# 4711



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 15, 2004

ALL SEASONS DENTAL CLINIC, INC.
14570 SOUTH MILITARY TRAIL
SUITE C-2
DELRAY BEACH, FL 33445

SUBJECT: ALL SEASONS DENTAL CLINIC, INC.

Debit Memo #: 45074-F

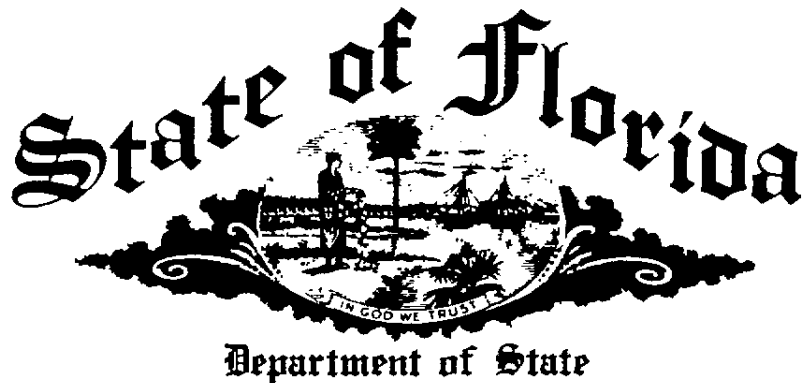
Document #: P00000015774

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to dissolve the above corporation, this corporation is now administratively dissolved.

A Certificate of Dissolution is enclosed.

Should you have any questions, please feel free to contact this office at (850) 245-6057.

Sincerely,
Patricia Bailey
Accountant II



CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for ALL SEASONS DENTAL CLINIC, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of July 15, 2004 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P00000015774.



CR2EO22 (2-03)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fifteenth day of July, 2004

Glenda E. Hood
Glenda E. Hood
Secretary of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 30, 2004

ALL SEASONS DENTAL CLINIC, INC.
14570 SOUTH MILITARY TRAIL
SUITE C-2
DELRAY BEACH, FL 33445

SUBJECT: ALL SEASONS DENTAL CLINIC, INC.
Ref. Number: P00000015774

Debit Memo #: 45074-F

This is to inform you that check #4711 dated MARCH 18, 2004 in the amount of \$150.00 submitted with the annual report/uniform business report for ALL SEASONS DENTAL CLINIC, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after June 30, 2004 and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Patricia Bailey
Accountant II

Letter Number: 804A00029553