

P03000072741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100052257591

desi

04/29/05--01003--027 **140.00

FILED
05 APR 29 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 APR 29 AM 9:30
CLERK OF COURTS
TALLAHASSEE, FLORIDA

*FOR
5/2/05*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Dental Center, Inc. P030000072741
(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 checked="" 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

Examiner's Initials

ARTICLES OF DISSOLUTION

PURSUANT TO SECTION 607.1403 FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING
OF DISSOLUTION.

FILED
05 APR 29 4:44 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: THE NAME OF THE CORPORATION IS:
DENTAL CENTER, INC.
(DOCUMENT # P03000072741)

SECOND: THE NAME AND ADDRESS OF THE CURRENT OFFICERS AND
DIRECTORS ARE:

DIRECTOR:

NESTOR GAVIRIA
404 N. FEDERAL HWY.
HALLANDALE, FL 33009

THIRD: ALL DEBTS, OBLIGATIONS AND LIABILITIES OF THE
CORPORATION HAVE BEEN PAID.

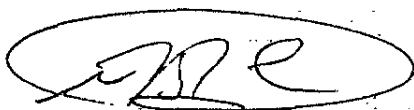
FOURTH: NO PROPERTY REMAINING FOR DISTRIBUTION TO THE
SHAREHOLDERS AFTER APPLYING IT TO THE PAYMENT OF
LIABILITIES AND OBLIGATIONS OF THE CORPORATION.

FIFTH: THERE ARE NOT ACTIONS PENDING AGAINST THE
CORPORATION IN ANY COURT.

SIXTH: THE CORPORATION HAS ELECTED TO DISSOLVE BY ACT OF
THE CORPORATION. A COPY OF THE CORPORATE RESOLUTION
IS ATTACHED. SUCH RESOLUTION WAS ADOPTED BY ALL THE
SHAREHOLDERS OF THE CORPORATION ON APRIL 27, 2005

DATED: APRIL 27, 2005

DENTAL CENTER, INC.



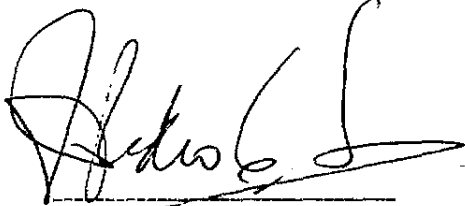
NESTOR GAVIRIA
DIRECTOR INCORPORATOR

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED **NESTOR GAVIRIA**, TO ME WELL KNOWN TO BE THE PERSONS WHO EXECUTED THE FOREGOING ARTICLES OF DISSOLUTION AND ACKNOWLEDGED BEFORE ME, ACCORDING TO LAW, THAT **NESTOR GAVIRIA**. MADE AND SUBSCRIBED THE SAME FOR THE PURPOSES THEREIN MENTIONED AND SET FORTH.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL
THIS DATE: APRIL 27, 2005



PEDRO E. SORIA
Notary Public
State of Florida at Large

