

P03000096052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

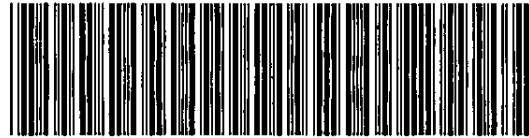
(Business Entity Name)

(Document Number)

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05/05/14--01025--017 \*\*35.00

2014 MAY -5 P 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 14 2015  
TELETYPE

**TERENCE G. VANE, JR.**  
**ATTORNEY AT LAW**

**TERENCE G. VANE, JR., P.A.**  
**BLACKSTONE BUILDING, SUITE 620 • 233 EAST BAY STREET • JACKSONVILLE, FL 32202**  
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April 30, 2014

Amendment Section  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

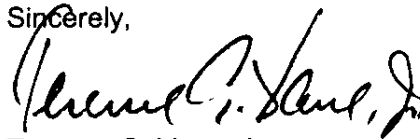
Re: Dental Temps of Northwest Florida, Inc.  
Document Number P03000096052

To: Amendment Section  
Division of Corporations

The Articles of Dissolution of Dental Temps of Northwest Florida, Inc., are enclosed for filing, together with a check payable to the Department of State in the amount of \$35.00 for payment of the filing fee. Please file the Articles of Dissolution. Please return all correspondence concerning the matter to the undersigned. I have enclosed a stamped, self-addressed envelope for your convenience in returning a file marked copy of the Articles of Dissolution to me when the filing is completed.

Thank you for your assistance. Should there be any question concerning the Articles of Dissolution or the filing thereof, please contact the undersigned.

Sincerely,



Terence G. Vane, Jr.  
Attorney at Law

## ARTICLES OF DISSOLUTION

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

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Dental Temps of Northwest Florida, Inc.
- SECOND: The document number of the corporation (if known): P03000096052
- THIRD: The date dissolution was authorized: April 30, 2014  
Effective date of dissolution if applicable: When Articles Filed  
(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

\_\_\_\_\_  
(voting group)

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)

Velinda C. Fleming

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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