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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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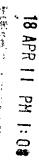
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R. WHITE
APR 1 3 2018



COVER LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: Dissolution of INDEPENDENT DENTAL CENTERS, Inc.
DOCUMENT NUMBER: P 03000 128 017
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Sperzel (Name of Contact Person) Independent Dental Centers, Inc (Firm/Company)
Independent Dental Centers, Inc
(Firm/Company) /// Tung Blvd. E (Address)
Maples FL 34/20 (City/State and Zip Code)
For further information concerning this matter, please call:
Matthew Sperzel at (<u>Z39-352-066/</u> (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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:
	INDEPENDENT DENTAL CENTERS, INC
SECOND:	The document number of the corporation (if known): P03000128017
THIRD:	The date dissolution was authorized: $\frac{\frac{12}{31/17}}{\frac{1}{17}}$
	Effective date of dissolution if applicable: 12/3//17 (to more than 90 days after dissolution file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
	Independent Dental Centers, Inc Directo, (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)
	MATTHEW To SPERZEL (Typed or printed name of person signing)
	DIRECTOR (Title of person signing)