## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000233212 3))) ·



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

ECEIVED.

Account Name : LEGALZOOM
Account Number : I20010000062
Phone : (323)962-8600

Fax Number : (323) 962-8300

**DISSOLUTION OR WITHDRAWAL** 

PROFESSIONAL DENTAL CARE, INC.

0
03
\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

+854 487 5508

T-321 P.002/003 F-795

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	Os O
SUBJECT: PROFESSIONAL DENTAL	CARE, INC.
DOCUMENT NUMBER: P0300013374	1
The enclosed Articles of Dissolution and fe	oo are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Katia Lee	
(Nam	e of Person)
Legalzoom.com, Inc.	
(Name of )	Firm/Company)
7083 Hollywood Blvd., Suite 180	
(Ac	ddress)
Los Angeles, CA 90028	
(City/Sta	te/and Zip Code)
For further information concerning this may	mer, please call:
Katie Lee	at ( 323 ) 962-8600 x 207
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
S35 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

00-20-2006

04:36pm

From-FIRST UNION

+854 467 5508

T-321 P.003/003 F-795

## 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:

	",	· F - · · · · · · · · · · · · · · ·	
	PROFESSION	AL DENTAL CARE, INC.	
SECOND:	The document number of the corporation (if known): P03000133741		
THIRD:		ion was authorized: 09-05-08	
	Effective date of	dissolution <u>if applicable:</u>	to more than 90 days after dissolution (No date)
FOURTH:	Adoption of Diss	solution (CHECK ONE)	
		vas approved by the shareholder t for approval.	s. The number of votes cast for dissolution
	Dissolution v	vas approved by of the sharehold	ders through voting groups.
•		ntement must be separately prov ly on the plan to dissolve:	ided for each voting group entitled
	The number of ve	otes cast for dissolution was suff	ficient for approval by
		· .	
		(voting group)	· · · · · · · · · · · · · · · · · · ·
	Signed this 8	day of September	2006
	Signature:	Raildn Summer of other officer - if directors o	3-Milwy
	en incorpora	for - if in the hands of a receiver, trustee, o	e other court appointed fiduciary, by
	Şandra Gomez		
		(Typed or printed name of person signif	ng)
	President		
		(Title of person signing)	

Filing Fee: S35