

P04000090/50

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(City/State/Zip/Phone #)

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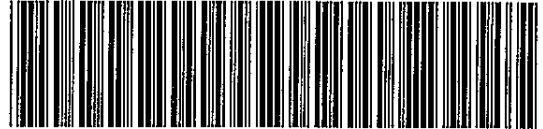
(Business Entity Name)

(Document Number)

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*Liss.*

C. Coulllette MAY 26 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P04000090150

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY L. KLEIN, D.D.S.

(Name of Person)

SOUTHEAST FLORIDA DENTISTRY FOR CHILDREN & ORHTODONTICS, P.A.

(Name of Firm/Company)

9327 WEST SAMPLE ROAD

(Address)

CORAL SPRINGS, FLORIDA 33065-4104

(City/State/and Zip Code)

For further information concerning this matter, please call:

MITHCELL KATZ

(Name of Person)

at ( 954 ) 345-8666

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SOUTHEAST FLORIDA DENTISTRY FOR CHILDREN & ORTHODONTICS, P.A.

SECOND: The document number of the corporation (if known): P04000090150

THIRD: The file date of the articles of incorporation: JUNE 10, 2004

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

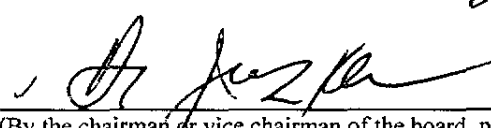
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:  
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signed this 5 day of May, 05.

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JERRY L. KLEIN, D.D.S.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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05 MAY 25 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA