P0400161364

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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER: P04000161364	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:
Aurora Perez	
(Name of Contact	Person)
Dr. Aurora Perez O.D.P.A	
(Firm/Compa	iny)
12434 Remler Dr W	
(Address)	
Jacksonville, FL 32223	
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
Aurora Perez at	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following PM 4:28

articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Dr. Aurora Perez O.D.P.A The document number of the corporation (if known): P04000161364 SECOND: The file date of the articles of incorporation: 12/01/2004 THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.) Aurora Perez (Typed or printed name of person signing) Optometrist President (Title of Person Signing)

Filing Fee: \$35