## P0600039411

| (Requ                      | uestor's Name)  |              |
|----------------------------|-----------------|--------------|
| (Addr                      | ess)            | <del> </del> |
| (Addr                      | ess)            |              |
| (City/                     | State/Zip/Phone | e #)         |
| PICK-UP                    | ☐ WAIT          | MAIL         |
| (Busi                      | ness Entity Nar | me)          |
| (Doc                       | ument Number)   |              |
| Certified Copies           | Certificates    | s of Status  |
| Special Instructions to Fi | iling Officer:  | ,            |
|                            |                 |              |
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SECRETARY OF STATE
SECRETARY OF STATE

9/3/10

## **COVER LETTER**

TO: Amendment Section

| Divisioi  of Corporations   |  |
|---|--|
| SUBJECT: CENTRAL FLORIDA DENTAL C   | CENTERS, P.A.  |
|   |  |
| DOCUMENT NUMBER: P06000039411   |  |
| The enclosed Articles of Dissolution and fee are submitt  | ted for filing.  |
| Please return all correspondence concerning this matter to                                      | o the following:   |
| John Q. Adams II, CPA   |  |
| (Name of Contact Perso  | on)  |
| Adams & Company, P.A.   |  |
| (Firm/Company)  |  |
| 910 SW 1st Avenue, Ste. 201   |  |
| (Address)   |  |
| Ocala, FL 34471   |  |
| (City/State and Zip Co  | de)  |
| For further information concerning this matter, please cal                                      | 11:  |
| John Q. Adams II, CPA at ( 35   | rea Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   | To a second a symmetric recognistic reasons,   |
| ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐Additional enclosed)              | * *  |
| 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 its the following

| of dissoluti | ion:   |  |  |
|--------------|--|--|--|
| FIRST:       | SECRETARY OF STATE The name of the corporation as currently filed with the Florida Department of States 10%                    |  |  |
|              | CENTRAL FLORIDA DENTAL CENTERS, P.A.   |  |  |
| SECOND:      | The document number of the corporation (if known): P06000039411  |  |  |
| THIRD:       | The date dissolution was authorized: JUNE 18, 2010   |  |  |
|              | Effective date of dissolution <u>if applicable</u> : JUNE 18, 2010  (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)               |  |  |
|              | BEN M. SPIVEY  |  |  |
|              | (Typed or printed name of person signing)  |  |  |
|              | PRESIDENT  |  |  |
|              | (Title of person signing)  |  |  |

Filing Fee: \$35