P070000000379

(Requestor's Name)	<u></u>
(Address)	
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2010 OCT 29 PH Le 51
SECRETARY OF STATE

MILILIO

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Omega Dental	Group, P.A.
DOCUMENT NUMBER: <u>P0700000279</u>	
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Brian O. Coleman, D.M.D.	,
(Name of Contact Pe	erson)
Brian O. Coleman, D.M.D., P.A. (Firm/Compan	v)
,	<i>3)</i>
7200 Aloma Avenue, Suite D (Address)	
, ,	
Winter Park, FL 32792 ' (City/State and Zip	Code)
For further information concerning this matter, please	e call:
Brian O. Coleman, D.M.D. at (407) 671-1017 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certific	S Filing Fee & \$\Bigsquare{1}\\$52.50 Filing Fee, ed 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

FILED

ARTICLES OF DISSOLUTION

2010 OCT 29 PH 1451

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits specially wing of STATE articles of dissolution:

TALLAHASSEE, FLORID

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Omega Dental Group, P.A.
SECOND:	The document number of the corporation (if known): P0700000279
THIRD:	The file date of the articles of incorporation: 12/30/2006
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.
Signa	ature: (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.)
	Brian O. Coleman, D.M.D.
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35