

P08000008438

Florida Department of State
Division of Corporations
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Account Number : I20030000107
Phone : (904) 567-1060
Fax Number : (904) 567-1065

**DISSOLUTION OR WITHDRAWAL
BLANKENSHIP DENTAL AT OAKLEAF, P.A.**

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TO: Florida Department of State **From:** Donna Ciancutti**Fax:** 850-617-6380**Pages:** 4**Phone:****Date:** March 26, 2012**Re:** Blankenship Dental at Oakleaf, PA**CC:**☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

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CONFIDENTIALITY NOTICE

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (904) 567-1060 TO ARRANGE FOR RETURN OF THE ORIGINAL DOCUMENTS TO US.

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BLANKENSHIP DENTAL AT OAKLEAF, P.A.

ARTICLES OF DISSOLUTION

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

1. The name of the Corporation as currently filed with the Florida Department of State is Blankenship Dental at Oakleaf, P.A.
2. The document number of the Corporation is P08000008438.
3. Dissolution of the Corporation was unanimously approved on January 25, 2012 by the Shareholders of the Corporation. The number of votes cast for dissolution was sufficient for approval.
4. There are no suits pending against the Corporation in any court.

The undersigned, being the President of the Corporation, hereby approves the above Articles of Dissolution this 26 day of ~~January~~ March, 2012.


Bryan K. Blankenship, D.D.S., President

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H12000078580 3**NOTICE OF CORPORATE DISSOLUTION**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation is Blankenship Dental at Oakleaf, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

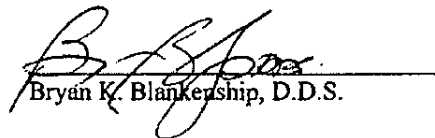
Description of information that must be included in a claim:

1. Date of event giving rise to the claim.
2. Nature of claim/description of event giving rise to the claim.
3. Amount of claim.
4. Name and contact information of claimant.
5. Copies of any written agreements or other documentation supporting claim.

Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations):

Bryan K. Blankenship, D.D.S.
5000 Sawgrass Village Circle, Suite 23
Ponte Vedra Beach, Florida 32082

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.


Bryan K. Blankenship, D.D.S.

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