## 99300007940

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations SUBJECT: Voluntary Dissolution** DOCUMENT NUMBER: P9300007940 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cathy Green (Name of Contact Person) Orthosynetics, Inc. (Firm/Company) 3850 N. Causeway Blvd, Suite 800 (Address) Metairie, LA 70002 (City/State and Zip Code) For further information concerning this matter, please call: at (504) 834-4392

(Area Code & Daytime Telephone Number) Holly Powell (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS: Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

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Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Orthodontic Centers of America, Inc. The document number of the corporation (if known): P9300007940 SECOND: The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. SIXTH: 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.) Cathy Green (Typed or printed name of person signing) **CFO** 

Filing Fee: \$35

(Title of Person Signing)