## P94000001030

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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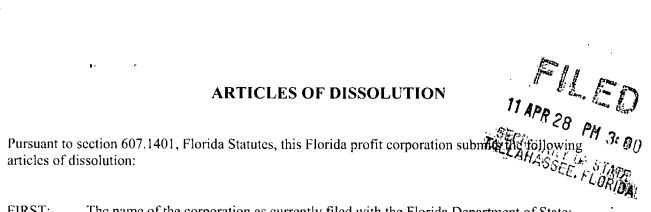


Th 5-4-11

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Southside Dental Associates, PA		
DOCUMENT NUMBER: P9400001030		
The enclosed <b>Articles of Dissolution</b> and fee are submitted f	for filing.	
Please return all correspondence concerning this matter to the	•	
Rosalie A. Walo, DDS		
(Name of Contact Person)		
Southside Dental Associates, PA		
(Firm/Company)		
5049 Ripple Rush Drive N		
(Address)		
Jacksonville, Florida 32257		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Rosalie A. Walo, DDS at ( 904	710-4045	
	Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing I Certified Copy (Additional copenclosed)	Certificate of Status &	
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	



	-C. F	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Southside Dental Associates, PA -	
SECOND:	The document number of the corporation (if known): P9400001030	
THIRD:	The file date of the articles of incorporation: 01-04-1994	
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 firector, 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.)		
	Rosalie A. Walo, DDS  (Typed or printed name of person signing)	
	Director (Title of Person Signing)	
	Adoption of Dissolution (CHECK ONE)  A majority of the incorporators authorized the dissolution.  A majority of the directors authorized the dissolution.  A majority of the directors authorized the dissolution.  A majority of the directors authorized the dissolution.  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.)  Rosalie A. Walo, DDS  (Typed or printed name of person signing)	

Filing Fee: \$35