P94000019620

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #	<u> </u>
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	}
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer	
Opecial Haddebons	sto I ming Officer.	
		!

Office Use Only



100043517541

01/03/05--01006--012 **52.50



1-4-05

TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations - SUBJECT: SCOTT THOMPSON DMD, PA DOCUMENT NUMBER: P94000079620 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: REBA C KELLEY, CPA (Name of Person) J SUTHERLAND, PSC (Name of Firm/Company) 1020 WASHINGTON STREET (Address) SHELBYVILLE, KY 40065 (City/State/and Zip Code) For further information concerning this matter, please call: REBA C KELLEY, CPA J SUTHERLAND PSC at (502) 633-3976 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ☑ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399



mailed 12/29/04

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 7, 2004

J. SUTHERLAND, PSC % REBA C KELLEY, CPA 1020 WASHINGTON ST. SHELBYVILLE, KY 40065

SUBJECT: SCOTT THOMPSON, D.M.D., P.A.

Ref. Number: P94000079620

We have received your document for SCOTT THOMPSON, D.M.D., P.A. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Document Specialist

Letter Number: 604A00068380

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Department of States
	SCOTT THOMPSON DMD, PA -
SECOND:	The document number of the corporation (if known): P94000079620
THIRD:	The date dissolution was authorized: IMMEDIATELY DECEMBER 6, 2004
	Effective date of dissolution if applicable: (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 of 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
	SOLE SHAREHOLDER
	(voting group)
	Signed this 6TH day of DECEMBER , 2004 .
Signat	
_	(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)
	SCOTT THOMPSON DMD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35