

P96000088537

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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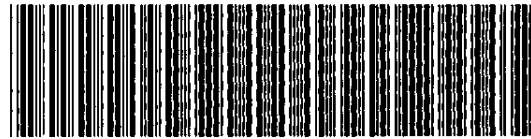
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(Business Entity Name)

\_\_\_\_\_  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARTIN A. MEGREGIAN, D.D.S. & ASSOCIATES, P.A.

**DOCUMENT NUMBER:** P96000088537

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANA STEPHEN

(Name of Contact Person)

JERRY E. NUTT, DDS DENTAL CONSULTING & MANAGEMENT, INC

(Firm/Company)

217 MAIN STREET

(Address)

DESTIN, FL 32541-2503

(City/State and Zip Code)

For further information concerning this matter, please call:

DANA STEPHEN

(Name of Contact Person)

at ( 850 ) 837-7705

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|--|

**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

## 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 Florida Department of State:

MARTIN A. MEGREGIAN, D.D.S. & ASSOCIATES. P.C.

SECOND: The document number of the corporation (if known): P96000088537

THIRD: The date dissolution was authorized: APRIL 19, 2011

Effective date of dissolution if applicable: APRIL 30, 2011

(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 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

\_\_\_\_\_  
(voting group)

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)

MARTIN A. MEGREGIAN, D.D.S.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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