P91000050012

(Requestor's Name)	-
(Address)	-
(Address)	-
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	•
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COVER LETTER

Division of Corporations '
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: <u>P97000050012</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wendy Wingard (Name of Contact Person)
Southern Frorida Oval Surgery Associates, elho
1140 Goodlette Re (Address)
Naples Ft 34102 (City/State and Zip Code)
For further information concerning this matter, please call:
Vendy Wingaw at (239) 434-6900 (Name of Contact 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 (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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:
	Southern Florida Oral Surgery, Associates, In
SECOND:	The document number of the corporation (if known): \\ \qquad \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
THIRD:	The file date of the articles of incorporation: D6 01 1997 (CHECK AT LEAST ONE BOX)
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.
	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.
Signa	ture: (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.)
	Robert W Payre (Typed or printed name of person signing) President
	President (Title of Person Signing)

Filing Fee: \$35