

P97000057072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

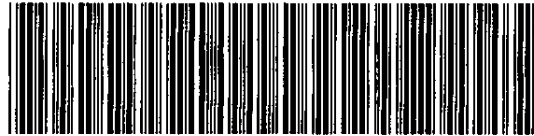
(Document Number)

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04/23/10--01037--005 **35.00

EFFECTIVE DATE
4.30.10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 23 AM 9:30

FILED

D.S.G.
S.G.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alan D. Shoopak Orthodontic Group, P.A.

DOCUMENT NUMBER: P97000057072

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

Please return all correspondence concerning this matter to the following:

Michael Beland

(Name of Contact Person)

Orthosynetics

(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:

Michael Beland

(Name of Contact Person)

at (504) 620-3405

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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

EFFECTIVE
4/30/10

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:

Alan D. Shoopak Orthodontic Group, P.A.

SECOND: The document number of the corporation (if known): P97000057072

THIRD: The date dissolution was authorized: 4/15/10

Effective date of dissolution if applicable: 4/30/10
(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)

Michael Beland

(Typed or printed name of person signing)

CFO

(Title of person signing)

Filing Fee: \$35

FILED
2010 APR 23 AM 9:30
TREASURY DEPT
HALL OF RECORDS
TALLAHASSEE, FLORIDA