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BLAIR M. JOHNSON, P.A.
ATTORNEY AT LAW
P. O. BOX 770496
425 S. DILLARD STREET
WINTER GARDEN, FLORIDA 34777-0496

(407) 656-5521

February 19, 1999

FAX (407) 656-0305

FILED
99 FEB 25 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department Of State
Division Of Corporation
Attention: Dissolution Division
The Capitol
Tallahassee, Florida 32304

re: Clermont Dental, Inc.

Dear Reader:

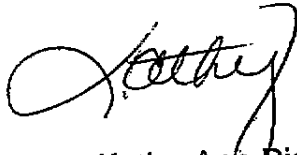
Enclosed for filing is the original of the Articles Of Dissolution and a copy of the
Shareholders Action By Consent for Clermont Dental, Inc. Also enclosed is a check
in the amount of \$35.00 which represents payment of the dissolution fee. *Returned*

Please file the enclosed original Articles Of Dissolution and return a filing receipt
to the undersigned in the enclosed self-addressed stamped envelope.

Thank you for your courtesies in this matter.

100002787421--2
-02/25/99--01070--004
*****35.00 *****35.00

Sincerely,



Kathy Ann Dickey
Legal Secretary to
Blair M. Johnson, Esquire

kad

Enclosures

cc: John C. Adkins, Clermont Dental, Inc.
c:\corporate\letter to sec. of state re filing dissolution

Uold's

VS MAR 2 1999

**ARTICLE OF DISSOLUTION
OF
CLERMONT DENTAL, INC.**

FILED
99 FEB 25 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO: DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32304**

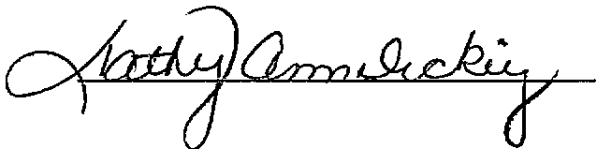
Pursuant to the provisions of **Section 607.1403** of the **Florida Statutes**, the undersigned corporation adopts the following **Articles Of Dissolution**:

- I. The name of this corporation is **CLERMONT DENTAL, INC..**
- II. The dissolution was authorized on **February 18, 1999** to be effective upon the filing of this **Articles Of Dissolution**.
- III. The dissolution was approved by the written consent of all of the shareholders pursuant to **Section 607.0704, Florida Statutes**.

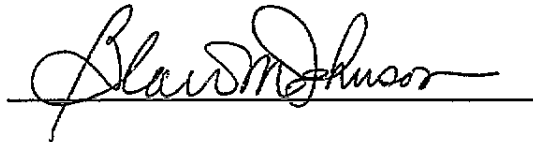
Dated: February 18, 1999.

Witness:

CLERMONT DENTAL, INC.



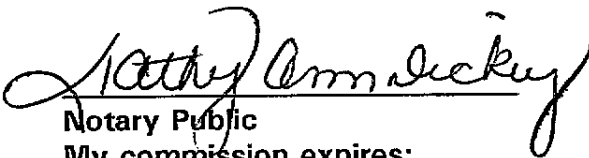
BY: 
JOHN C. ADKINS, President



**STATE OF FLORIDA
COUNTY OF ORANGE**

BEFORE ME, personally appeared **JOHN C. ADKINS**, as President, respectively of **CLERMONT DENTAL, INC.** on behalf of the Corporation, to me well known and known to be the individual described in, who is personally known to me and who executed the foregoing **Articles Of Dissolution** and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State aforesaid mentioned this 18th day of February, 1999.


Notary Public
My commission expires:

