

P98000061234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

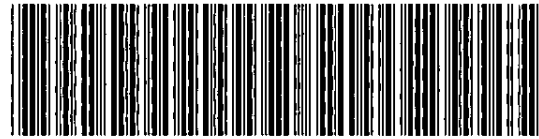
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/02/08--01055--023 \*\*35.00

VD

CLERK OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -2 AM 8:14

FILED

T. Roberts MAY 09 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution

**DOCUMENT NUMBER:** P98000061234

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

Please return all correspondence concerning this matter to the following:

BRIAN L. Gear, DMD

(Name of Contact Person)

Lehigh General & Implant Dentistry

(Firm/Company)

1001 South Loop BLVD.

(Address)

Lehigh Acres, FL 33936

(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Adler

(Name of Contact Person)

at ( 239 ) 369-5897

(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

08 MAY -2 AM 8:14

submits the following articles

Lehigh General and Implant Dentistry, P.A.

SECOND: The document number of the corporation (if known): P98000061234

THIRD: The date dissolution was authorized: 1/1/08

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 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)

Brian L. Gear DMD

(Typed or printed name of person signing)

President / Director  
(Title of person signing)

**Filing Fee: \$35**