July 19, 2002

etorative and Cosmetic Dentistry

PAGEODOOO930

To afficiate

Florida Department of State Division of Corporations

RE:

Academy for Advanced Dental Team Development, Inc

Dissolution

Dear Sir/Madam:

May this letter serve to accompany the enclosed Dissolution for the aforementioned corporation. If you require additional information please contact me via email to fbraichdds@directvinternet.com or to the address or phone number shown below. Also enclosed is a check for \$35 in payment of dissolution filing fees.

Thank you for your attention to this matter.

Sincerely

Dr Florian Braich DDS PhD

President

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEF FI OBIR.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 25, 2002

Dr. Florian Braich DDS PhD 9123 N. Military Trail, Suite 200 Palm Beach Gardens, FL 33410

SUBJECT: ACADEMY FOR ADVANCED DENTAL TEAM DEVELOMENT, INC. Ref. Number: P98000093005

We have received your document for ACADEMY FOR ADVANCED DENTAL TEAM DEVELOMENT, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 602A00045293

ARTICLES OF DISSOLUTION

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Academy for Advanced	
Dent	Tal Team Development, Inc.	
SECOND:	The date dissolution was authorized: Dec. 31, 2001	·
THIRD:	Adoption of Dissolution (CHECK ONE)	
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
☐ Dis	solution was approved by vote of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:	
The	number of votes cast for dissolution was sufficient for approval by	
	(voting group)	- ·
Sig	gned this 31st day of Oecewher , 2001.	<u>.</u>
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	Dr. Florian Braich DDS PhD (Typed or printed name)	ales de
	Pusident (Title)	