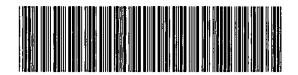
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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
·(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ANT DISSICA MA 8/13/09

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: PARAGON DENTAL SERVICES, INC.			
DOCUMENT NUMBER: P99000040436			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LEONARD WEISS			
(Name of Contact Person)			
PARAGON DENTAL SERVICES, INC.			
`	n/Company)		
7901 SW 6TH COURT, STE 40			
(Address)			
PLANTATION, FLORIDA 33324	te and Zip Code)		
` •	•		
For further information concerning this matter, please call:			
LEONARD WEISS	at (954) 888-1004		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amou	int:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & \$\subseteq\$\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\		
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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:		
	PARAGON DENTAL SERVICES, INC.		
SECOND:	The document number of the corporation (if known): P99000040436 The date dissolution was authorized: DECEMBER 19, 2008		
mikb.	Effective date of dissolution if applicable: DECEMBER 31, 2008 (no more than 90 days after dissolution)	n file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by	4,0	
		SECRETARY OF LORIDA SECRETARY OF LORIDA OP AUG 10 PM 2: 03	
	(voting group)	TARY HASS	
		O P	
		PH 2: 03	
	Signature: Servel & Maria	22 2	
	(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)		
	LEONARD WEISS		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PARAGON DENTAL SERVICES, INC.

Date of dissolution will be the date the dissolution is filed with the De specified in the Articles of Dissolution.	partment of State or as
Description of information that must be included in a claim:	
NAME AND ADDRESS OF DEBTOR	
AMOUNT CLAIMED	
ORIGINAL BILL OR INVOICE	
DESCRIPTION OF SERVICES AND/OR GOO	DS PROVIDED
PROOF SERVICE AND/OR GOODS WERE P	ROVIDED
PARAGON DENTAL SERVICES, IN PO BOX 19199 PLANTATION, FLORIDA 33318	
A claim against the above named corporation will be barred unless a p within 4 years after the filing of this notice.	proceeding to enforce the claim is commenced
LEONARD WEISS Printed Name of the Person Filing	Signature of the Person Filing
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00