

S98919

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

000177-178586

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

**DISSOLUTION OR WITHDRAWAL
HIALEAH SQUARE DENTAL ASSOCIATES, INC.**

Certificate of Status	0
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Page Count	02
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DIVISION OF CORPORATIONS
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T. LEMIEUX

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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:

HIALEAH SQUARE DENTAL ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): 898919

THIRD: The date dissolution was authorized: DECEMBER 27, 2012

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)

MELVYN S. GOBER

(Typed or printed name of person signing)

SECRETARY, TREASURER AND DIRECTOR

(Title of person signing)

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