STATEMENT OF DISSOLUTION **OF** ALABASTER DENTAL ASSOCIATES

Notice is given that the partnership doing business under the name of Alabaster Dental Associates has dissolved, and is in the process of winding up its business.

The undersigned in a partner in the partnership who has not wrongfully dissociated.

| The undersigned personal Statement are accurate. | ally declares, unde | er penalty of perjury, that the c | ontents of the |
|--|---------------------------------------|---|---|
| | Signed and da | ated as of this 25th day of Javo | <u>o</u> , 2012 |
| STATE OF ALABAMA COUNTY OF SHELBY |) | | |
| certify that Richard Glasses Associates, an Alabama general known to me, acknowledged be | partnership, is si fore me on this da | lic in and for said County in said, whose name as Partner of Aligned to the foregoing instrume ay that, being informed of the cathority, executed the same volunt | labaster Dentant, and who ontents of said |
| Given under my hand and | d official seal, this | 25th day of Junuary | _, 2012. |
| | | Share P. Wesler Notary Public | ' |
| AFFIX SEAL | | | |
| My commission expires: q_{-2} | 73-12 | | |
| | | 20120207000046500 1/3 \$18.0 Shelby Cnty Judge of Probat 02/07/2012 03:49:43 PM FILE | 10 |

UNANIMOUS WRITTEN CONSENT OF THE GENERAL PARTNERS OF ALABASTER DENTAL ASSOCIATES

The undersigned general partners (the "Partners") of Alabaster Dental Associates, an Alabama general partnership (the "Partnership"), hereby approve and consent, pursuant to Section 10A-8-8.01 of Alabama Uniform Partnership Law, to the adoption of the following resolutions, as of this day of January, 2012:

Dissolution

WHEREAS, the undersigned, being all of the general partners of the Partnership, deem that it is advisable and in the best interests of the Company to dissolve the Partnership;

RESOLVED, that the Partners hereby approve the dissolution of the Partnership and, in connection therewith, approve the filing of a Statement of Dissolution substantially in the form attached as Exhibit A hereto; and

RESOLVED, that a copy of these resolutions be filed in the minute books of the Partnership.

IN WITNESS WHEREOF, the undersigned have executed this Written Consent as of the date first written above.

Richard B. Penfield

Thomas E. Dudney

R. David Glasgow

20120207000046500 2/3 \$18.00 Shelby Cnty Judge of Probate, AL 02/07/2012 03:49:43 PM FILED/CERT

EXHIBIT A

(Statement of Dissolution)

STATEMENT OF DISSOLUTION **OF** ALABASTER DENTAL ASSOCIATES

Notice is given that the partnership doing business under the name of Alabaster Dental Associates has dissolved, and is in the process of winding up its business.

The undersigned in a partner in the partnership who has not wrongfully dissociated.

The undersigned personally declares, under penalty of perjury, that the contents of this Statement are accurate.

| | Signed and dated | as of this | day of | , 2012 |
|--|--|---|--|--|
| | [Name of Partner] | | | |
| STATE OF ALABAMA COUNTY OF SHELBY |) | | | |
| I, the undersigned authorized that Associates, an Alabama general known to me, acknowledged be instrument, he/she, as such part as the act of said partnership. Given under my hand an acknowledged be instrument, he/she, as such partnership. | al partnership, is signed efore me on this day the tner and with full author | nose name as I to the foreg at, being inf | s Partner of Agoing instrume or of the conditions of the conditions are same vol | labaster Dental ent, and who is contents of said |
| AFFIX SEAL | | Notary | | |
| My commission expires: | | | 20120207000046 Shelby Cnty Ju | 500 3/3 \$18.00 dge of Probate, AL 49:43 PM FILED/CERT |

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