

P07000036409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

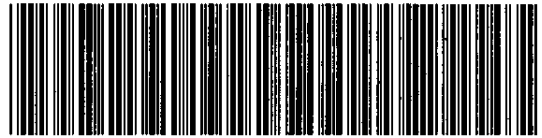
(Business Entity Name)

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EXAMINER

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TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI BEACH DENTAL CENTER, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P07000036409

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGIE LAU-SOLIS

(Name of Person)

MIAMI BEACH DENTAL CENTER, P.A.

(Name of Firm/Company)

C/O 2223 SW 127TH AVENUE

(Address)

MIRAMAR, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGIE LAU-SOLIS

(Name of Person)

at (305) 776-7566

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANACAONA C. DE LIMA, hereby resign as DIRECTOR
(Title)

of MIAMI BEACH DENTAL CENTER, P.A.
(Name of Corporation)

P07000036409, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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