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Family Dental Group of Miami  
3333 SW 27 St.  
Miami FL 33133

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
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Examiner's Initials	
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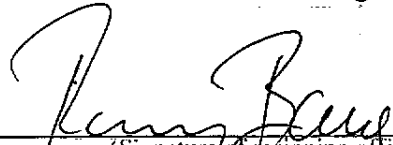
**OFFICER / DIRECTOR RESIGNATION**

I, Ramon Bana, hereby resign as Vice - President  
(Title)

of Family Dental Group of Miami #2 Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

and affirm that the corporation has been notified in writing of the resignation.

  
\_\_\_\_\_  
(Signature of resigning officer/director)

Family Dental Group of Miami #2 Inc.  
5864 NW 183 St  
Hialeah FL 33015  
305-827-1700  
ATTN: Joe Quintana.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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FILING FEE IS \$35.00