

534166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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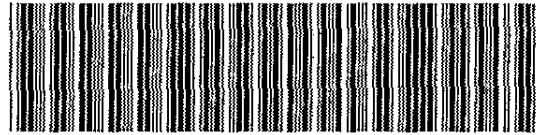
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dy Resign.

C. Coulllette AUG 09 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FEUER & HIER ORTHODONTICS, P.A.
(Name of Corporation)

DOCUMENT NUMBER: 534166

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

DAVID D. FEUER, DDS
(Name of Person)

DAVID D. FEUER, D.D.S., P.A.
(Name of Firm/Company)

1708 NORTH FEDERAL HIGHWAY PO BOX 1626
(Address)

LAKE WORTH, FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

J. DONOVAN/MAUREEN CATALANO at (561) 965-4500
(Name of Person) (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

RESIGNATION

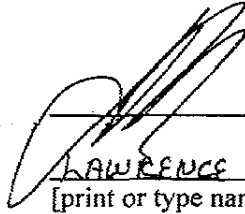
TO WHOM IT MAY CONCERN:

I herewith tender my resignation as an Officer and Director of

David D. Feuer, D.O.S., P.A.

to take effect upon acceptance by its Board of Directors and upon the
election of my successor.

Date: 7/21/06


LAWRENCE HIER
[print or type name]

TIN: 59-1740263
DOCUMENT#: 534166

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