## F9700000111

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	d/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



300060816213

Withdr Thewis



10/28/05--01015--015 \*\*43.75

## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HARBOR DENTAL MANAGEMENT SERVICES, INC. (Name of Corporation)
DOCUMENT NUMBER: F9700000711
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOANNE M. HURLOW
(Name of Person)  GOPENSES TRAURIS, UP
(Firm/Company)
1900 UNIVERSITY AVE., 5TH Floor (Address)
(Address) East Palo Atro, CA 94303
(City/State and Zip code)
For further information concerning this matter, please call:
JOANNE HURLOW at ( 650 ) 289-7845
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 28, 2005

GREENBERG TRAURIG, LLP % TODD RUMBERGER 1900 UNIVERSITY AVE., 5TH FLOOR EAST PALO ALTO, CA 94303

SUBJECT: HARBOR DENTAL MANAGEMENT SERVICES, INC.

Ref. Number: F97000000711

We have received your document for HARBOR DENTAL MANAGEMENT SERVICES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Document Specialist

Letter Number: 005A00065320

PECEIVED
6 MAY -9 MH 8: 00

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

HARBOR DENTAL MANAGEMENT (Name of Corporation)

(Document Number of Corporation (If known)
(Document Number of Corporation (if known)
DE/EWARE (Incorporated Under Laws of)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
C/O GREENBERG TRAVERIG, LLP
1900 UNIVERSITY AVE. 5TH FI.
—(Mailing Address)
EAST PALO ALTO, CR 94303 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a firector, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)_
Typed or printed name of person signing)  Alexander F. Hern  (Typed or printed name of person signing)  (Cite of person signing)

FILING FEE \$35