

547800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

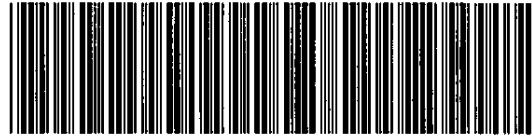
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100109804301

10/01/07--01025--018 **35.00

Off/Dir. Design

FILED
07 OCT - 1 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 05 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Mary Dental PA
(Name of Corporation)

DOCUMENT NUMBER: J 47800

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

Please return all correspondence concerning this matter to the following:

Justyn S. Linn
(Name of Person)

Lake Mary Dental
(Name of Firm/Company)

1605-B Harwood St.
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Justyn S. Linn at (407) 733-9411
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
07 OCT -1 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Deoraj R Lall DDS, hereby resign as Secretary
(Title)

of LAKE MARY DENTAL, PA.
(Name of Corporation)

J 47800, 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