Requester's Name _ DENTAL-LEGAL ADVISORS, INC.

7737 North University Drive-Suite 100 Tamarac, Florida 33321-2968

City/State/Zip

Phone #

Office Use Only

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

1.		:	100000338072	L4
(Corporation Name)		(Document #)	<u>-09/01/000</u> 1092- *****35.00 ****	-001 ⊯35.00
2.				
(Corporation Name)		(Document #)	-	
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☐ Walk in ☐ Pi	ick up time		Certified Copy	
☐ Mail out ☐ W	ill wait	Photocopy	Certificate of Status	-
NEW FILINGS	<u> 4</u>	AMENDMENTS		
Profit]	Amendment		
✓ Not for Profit✓ Limited Liability		Resignation of R Change of Regis	R.A. Officer/Director	· .
Domestication		Dissolution/With		
Other	Ţ	☐ Merger	ARE SEP	=
OTHER FILINGS	<u>I</u>	REGISTRATION/C	DUALIFICATION - T	
Annual Report	Į	☐ Foreign		
☐ Fictitious Name		Limited Partners		
	Ţ	Reinstatement	<i>™</i> *`` ८ ⊅	
	Ţ	■ Trademark■ Other		
	•	— Office ;	T.LEMB SEP 1 3 2000	
CD2D21/7/07\			Examiner's Initials	==_
CR2E031(7/97)				

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I,	, hereby resign as DIRECTOR			
	(Title)			
of DENTAL-LEGAL ADVISORS, INC. (L99547)				
(Name of Corporation	n) ,			
a corporation organized under the laws of the State	e of			
and affirm that the corporation has been notified in	n writing of the resignation.			
Signature of re	esigning officer/director)			

CERTIFIED MAIL RETURN RECEIPT REQUESTED RECEIPT NO.: P976045398

FILING FEE IS \$35.00