

M 45536

SUTTON & MONTOTO, P.A.

Attorneys at Law
7721 S.W. 62nd Avenue
First Floor
South Miami, FL 33143

JOHN R. SUTTON
Board Certified Civil Trial Lawyer

TEDDY L. MONTOTO

Susan M. Sutton, B.S.N., R.N.
Medical Consultant

Telephone (305) 667-4481
Facsimile (305) 666-2118

May 7, 1998

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: GABLES DENTAL CORP.

700002519967--3
-05/12/98--01028--016
*****35.00 *****35.00

Dear Sir or Ms.:

Enclosed please find an affidavit of Resignation and Release from Luis Congote, D.D.S. from Gables Dental Corp. Dr. Congote no longer wishes to have any affiliation with Gables Dental Corp. Also enclosed is our check payable to your order in the amount of Thirty Five and 00/100 Dollars (\$35.00) in payment of your filing fee as per your enclosed letter.

Should you require any further information or have any questions, please do not hesitate to contact me. Thank you for your kind attention to this matter.

Very truly yours,



JOHN R. SUTTON

JRS\djs
Enc.

FILED
98 MAY 12 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Pen

MAY 7 2 1998

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April 28, 1998

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **GABLES DENTAL CORP.**

Dear Sir or Ms.:

Enclosed please find an affidavit of Resignation and Release from Luis Congote, D.D.S. from Gables Dental Corp. Dr. Congote no longer wishes to have any affiliation with Gables Dental Corp.

Should you require any further information or have any questions, please do not hesitate to contact me. Thank you for your kind attention to this matter.

Very truly yours,



JOHN R. SUTTON

JRS\djs
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98 MAY - 1 AM 8:22
DIVISION OF CORPORATIONS



Sever fee

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 4, 1998

JOHN R. SUTTON, ESQ.
SUTTON & MONTOTO, P.A.
7721 S.W. 62ND AVENUE
SOUTH MIAMI, FL 33143

MAY 9 5 1998

SUBJECT: GABLES DENTAL CORP.
Ref. Number: M45536

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 498A00024280

RESIGNATION AND RELEASE

FILED
98 MAY 12 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

Comes now, LUIS CONGOTE, D.D.S, by and through undersigned counsel and hereby tenders this, his resignation from Gables Dental Corp. on this 24th day of March for the following reasons:

1. There are irreconcilable differences between LUIS CONGOTE, D.D.S and Connie Congote.
2. LUIS CONGOTE, D.D.S. no longer wishes to affiliate himself with Gables Dental Corp.
3. By virtue of a property settlement agreement of January 28, 1998, the undersigned released all interest he had and resigned from Gables Dental Corp., which at the time he understood was not operational and existed only for the purpose of collecting receivables on old accounts.

WHEREAS, LUIS CONGOTE, D.D.S. is HEREBY remised, released, acquitted, satisfied, and forever discharged of and from all, and all manner of action and actions, cause and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which GABLES DENTAL CORP. ever had, now has, or which any personal representative, successor, heir or assign of said first party, hereafter can, shall or may have, against it, arising out of any and all open accounts to date, for upon or by reason of any matter, cause or thing whatsoever, from the beginning of the world to the day of these presents.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24th day of April, 1998.

Signed, sealed and delivered
in presence of:


[Signature]
[Signature]

Luis J. Congote D.D.S.
LUIS CONGOTE, D.D.S.

STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that before me personally appeared LUIS CONGOTE, D.D.S.,
to me well known and who produced § for identification
acknowledged before me that she executed the foregoing for the purposes therein set forth
and expressed.

WITNESS my hand and official seal this 21st day of April, 1998.



NOTARY PUBLIC
My Commission Expires:

This Instrument prepared by:
SUTTON & MONTOTO, P.A.
7721 S.W. 62nd Avenue
Suite 101
S. Miami, Florida 33143

