

N1700000 2687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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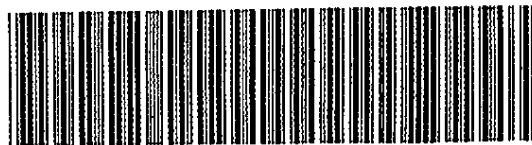
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oral Health Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N17000002687

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

Please return all correspondence concerning this matter to the following:

Gregory Smith

(Name of Person)

Black Ink Management, Incorporated

(Name of Firm/Company)

732 Bayside Drive #202

(Address)

Cape Canaveral, Florida 32920

(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory Smith

(Name of Person)

at (321)

323-8036

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Gregory Smith, hereby resign as Managing Director
(Title)

Of Oral Health Florida, Inc.
(Name of Corporation)

N17000002687, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Gregory Smith
(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

2007-09-20