

P010000088255

NORTHEAST FAMILY DENTISTRY  
280 37th Ave North  
Saint Petersburg, FL 33704

City/State/Zip

Phone #

600007354686--7  
-08/27/02--01015--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
02 AUG 26 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P010000088255  
07/26/02  
280-02  
CU

Examiner's Initials

**OFFICER / DIRECTOR RESIGNATION**

I, AHMED M. BEDIER, hereby resign as Director  
(Title)

of NORTHEAST Family Dentistry, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILED**  
02 AUG 26 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

person was added by mistake on the UBR and  
was never a Director / proprietor of the corp.

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**