

PO20000 94204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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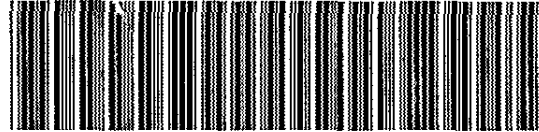
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

PO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coast Dental Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000094204

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

Please return all correspondence concerning this matter to the following:

Patricia Huie, Esq.
(Name of Person)

Coast Dental Services, Inc.
(Name of Firm/Company)

2502 Rocky Point Drive, Suite 1000
(Address)

Tampa, FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Huie at (813) 288-1999
(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**

I, Timothy G. Merrick, hereby resign as Vice President
Treasurer; Secretary
and Chief Financial Officer
of COAST DENTAL SERVICES, Inc.
(Name of Corporation)

P02000094204, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

X Tim Merrick
(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

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TALLAHASSEE FLORIDA