

PD2000134243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

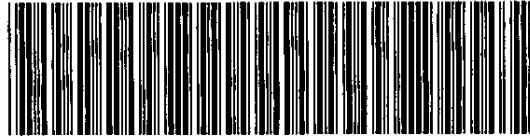
(Business Entity Name)

(Document Number)

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SECTION OF JUDGE  
DIVISION OF CORRECTIONS  
15 NOV 16 AM 9:46

NOV 18 2015

C LEWIS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ben D Emerson DDS MD PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000134243

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

Please return all correspondence concerning this matter to the following:

MARGO PAGE

(Name of Person)

BEN DEMERSON DDS MD PA

(Name of Firm/Company)

3730 7<sup>th</sup> Terrace Suite 301

(Address)

Vero Beach FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

MARGO PAGE

(Name of Person)

at ( 772 ) 569 9700

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

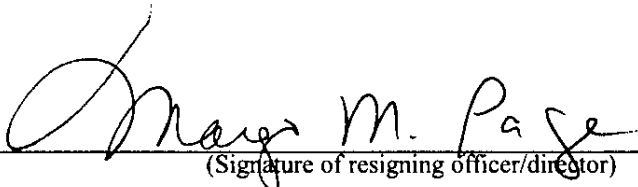
15 NOV 16 AM 9:46

I, MARGO PAGE, hereby resign as SECRETAR  
(Title)

of Ben D Emerson DDS MD PA,  
(Name of Corporation)

P02000134243, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(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