

PD30000061946

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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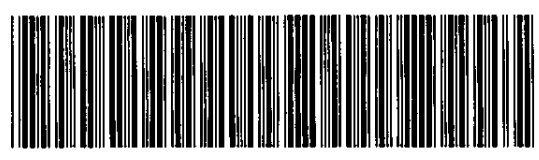
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Dental Care, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000061946

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

Please return all correspondence concerning this matter to the following:

Ricardo A. Egusquiza  
(Name of Person)

158 West 12th Street, Apt. 1  
(Name of Firm/Company)  
(Address)

Hialeah, FL 33010  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo A. Egusquiza at (786) 344-0217  
(Name of Person) (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**

I, Ricardo A. Egusquiza, hereby resign as President  
(Title)

of Florida Dental Care, Inc.  
(Name of Corporation)

P03000061946, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

*Ricardo Egusquiza DDS.*  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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