

PB3000148072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

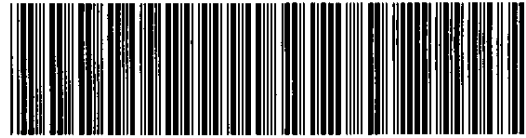
(Business Entity Name)

(Document Number)

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*Resignation
of Officer*

06/21/11--01019--003 **70.00

FILED
2011 JUN 21 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*RR
6/23/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cala Hills Endodontics PA
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Demetrick LeCorn
(Name of Person)

Cala Hills Endodontics
(Name of Firm/Company)

2130 SW 22 Place #101
(Address)

Ocala, FL 34461
(City/State and Zip Code)

For further information concerning this matter, please call:

Demetrick LeCorn at (352) 291-9360
(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

FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2011 JUN 21 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Duane Bernstein, hereby resign as Vice President
(Title)

of Cala Hills Endodontics P.A.
(Name of Corporation)

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


(Signature of resigning officer/director)

Duane Bernstein

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