## P04000021969

(Re	questor's Name)	
(Ad	dress)	
		<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #]	)
PICK-UP		MAIL
(Bu	siness Entity Name)	
(1)0	cument Number)	
(50		
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



04/13/04--01002--018 \*\*35.00



Sticer Resignation

T BROWN APR 1 9 2004

•

. 1

ł

÷

` **x** 

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IMPLANT SOLUTIONS, INC.

(Name of Corpora	tion)							
DOCUMENT NUMBER: P04000021969								
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.								
Please return all correspondence concerning this matter to the	following:							
Lee Mandell, Esq.								
(Name of Person)								
Lee Mandell, P.A.	e de la companya de l							
(Name of Finn/Company)								
One S.E. Third Avenue, Tenth Floor								
(Address)								
Miami, FL 33131								
(City/State and Zip Code)	n							
For further information concerning this matter, please call								
Lee Mandell, Esq. at (	603-0493							

(Name of Person)

(Arca 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 409 E. Gaines Street Tallahassee, FL 32399

CR2E044((1402)

03/24/2004	13:20	3054152425	LEE MANDELL	PAGE	05(08
		OFFIC	ER / DIRECTOR RESIGNATION FOR A CORPORATION	FIL 04 APR 12 A SECRETARY OF TALLAHASSEE. FI	ED H 7:58
I, _	PHILIP B.	OKUN	, hereby resign as Director	(Tide)	ORIDA
of_	IMPLANT	SOLUTIONS,	INC. (Neme of Corporation)		n en
<b>-</b>	040000219i (Document orida	69 t Number, if known)	a corporation organized under the laws	of the State of	
			5		•• • <del></del>

1 1 1

(Signature of resigning officer/director) Philip B. Okun

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Ameridment Section Division of Corporations P.O. Box 6327 Tallahassee, Fiorida 32314

**.** .