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TRANSMITTAL LETTER

SUBJECT: Duval Dental & Associates (Name of Corporation)
D04000059544
DOCUMENT NUMBER: P04000036311
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Alfred Washington, Jr., Esquire
(Name of Person)
Hassell, Moorhead & Carroll
(Name of Firm/Company)
P.O. Box 2229
(Address)
Daytona Beach, Florida 32115-2229
(City/State and Zip Code)
For further information concerning this matter, please call:
Alfred Washington, Jr. 386 , 238-1357
Alfred Washington, Jr. at (386) 238-1357 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Alfred Washington, Jr.	, hereby resign as_	Vice-Pres. (never accepted)	
77		(Title)	
of Duval Dental & Associates, Inc.			
(Name of Corp	oration)		
P0400059511 ,a co	orporation organized un	der the laws of the State of	
Florida			
Olf (Signatur	e of resigning officer/direc	tor)	

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