

P04000063739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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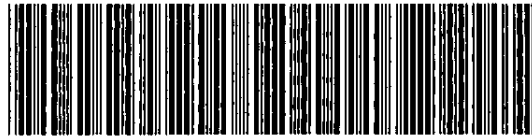
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

010/2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Dental Center of Lake Park Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000063739

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

Please return all correspondence concerning this matter to the following:

Dr. Armando Rodriguez

(Name of Person)

Florida Dental Center of Lake Park Inc

(Name of Firm/Company)

1535 Prosperity Farms Roads

(Address)

Lake Park, Florida 33403

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas S. Raich

(Name of Person)

at (561) 848-8029

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Nicholas S. Raich, hereby resign as Secretary
(Title)

of Florida Dental Center of Lake Park, Inc
(Name of Corporation)

P04000063739, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Nicholas S. Raich
(Signature of resigning officer/director)

FILED
10 APR 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Original Date Sept 18, 2008

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