

PO4000156192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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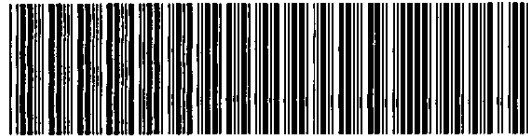
(Business Entity Name)

(Document Number)

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Off/ew Resign

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11 SEP 27 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

77 9-29-11

The Runyan Law Firm, P.A.
707 NE 3rd Ave., Suite 300
Ft. Lauderdale, FL., 33304
954.561.9466 tel
954.200.8979 fax
Tom@RunyanLawFirm.com email

Sent via Federal Express
Tracking # 7975 5941 0168

September 26, 2011

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Oasis Dental Associates, P.A.
Document #: P04000156192

To Whom It May Concern:

Please find enclosed ***Officer/Director Resignation for the Corporation*** for ***Dr. Michael A. Gorman*** for the above listed corporation. Additionally please find enclosed a check for the amount of \$35.00 for the Filing Fee.

Please contact our office if there are any questions, thank you.

Sincerely,



Brian K Garrett
For the Firm

/bg

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oasis Dental Associates, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P04000156192

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

Please return all correspondence concerning this matter to the following:

Tom Runyan, Esq.

(Name of Person)

Runyan Law Firm, PA

(Name of Firm/Company)

707 NE 3rd Avenue, Suite 300

(Address)

Fort Lauderdale, FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Runyan

(Name of Person)

at (

954 561-9466

(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

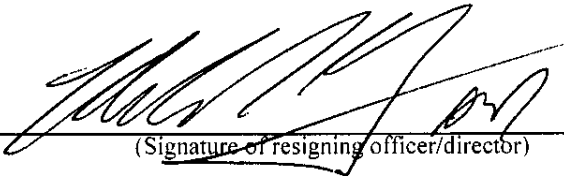
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dr. Michael A Gorman, hereby resign as Vice President and Director
(Title)

of Oasis Dental Associates, P.A.
(Name of Corporation)

P04000156192, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
11 SEP 27 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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