

PO4000164529

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : AMBAR DIAZ, P.A.
Account Number : I20110000016
Phone : (305)476-8100
Fax Number : (305)476-8788

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lopesiag@yahoo.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BEST DENTAL CARE, INC.**

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TALLAHASSEE, FLORIDA

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T. LEMIEUX

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST DENTAL CARE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P04000164529

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

Please return all correspondence concerning this matter to the following:

JOSE LOPEZ

(Name of Person)

BEST DENTAL CARE, INC.

(Name of Firm/Company)

1673 SW 27 AVE

(Address)

MIAMI, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE LOPEZ

(Name of Person)

at (305) 299-3370

(Area 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
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FAUSTO E. FELIPE, hereby resign as PRESIDENT
(Title)

of BEST DENTAL CARE, INC.
(Name of Corporation)

P04000164529, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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