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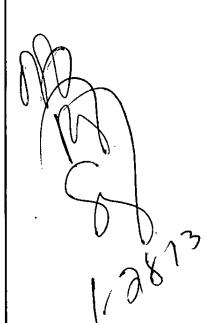
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TRANSMITTAL LETTER

SUBJECT: 5+ Johns Dental Care PA (Name of Corporation)
DOCUMENT NUMBER: 10800053124
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Kelly Carrothers (Name of Person)
St Johns Dental Care PA (Name of Firm/Company)
2225 AIA S. Ste A3 (Address)
St Augustine Pl 32080 (City/State and Zip Code)
For further information concerning this matter, please call:
Kelly Cavro theys at (904) 471-7300 (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

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michelle D Hucke, hereby resign as President (Title)	
of St Johns Dental Care PA (Name of Corporation)	
10800053124 , a corporation organized under the laws of the State of (Document Number, if known)	
Florida	
13 JAN 25 SECRETARY ALLAHASSE	ene ten en ten en
(Signature of resigning officer/director) (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