

20800005324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200244013492

01/25/13--01012--021 **35.00

1-2813

FILED
13 JAN 25 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St Johns Dental Care PA
(Name of Corporation)

DOCUMENT NUMBER: P08000053124

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 FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Carrothers at (904) 471-7300
(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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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)

PO8000053124, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Michelle D Hucke
(Signature of resigning officer/director)

FILED
13 JAN 25 AM 10:08
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