

P08000053124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DEC 2 - 2015
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St Johns Dental Care P.A,
(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:

Anthony Corral

(Name of Person)

St Johns Dental Care P.A.

(Name of Firm/Company)

2225 A1A South Ste A3

(Address)

St Augustine FL 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Kittle

(Name of Person)

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


I, Kelly Carrothers Mantei, hereby resign as president/treasurer
(Title)

of St Johns Dental Care P.A.
(Name of Corporation)

P08000053124

(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

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