

PI400007039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

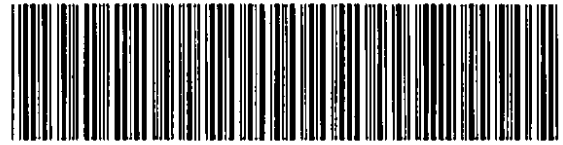
(Business Entity Name)

(Document Number)

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**FILED**  
2018 AUG 20 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Joseph E Dotson DDS PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000099039

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

Please return all correspondence concerning this matter to the following:

Joseph E Dotson DDS

(Name of Person)

Joseph E Dotson DDS PA

(Name of Firm/Company)

5301 S Dale Mabry Hwy

(Address)

Tampa, FL 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph E Dotson

(Name of Person)

at ( 813 ) 839-8140

(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, M. Paul Nestor, hereby resign as Director  
(Title)

of Joseph E. Dotson DDS PA  
(Name of Corporation)

P14000099039, 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

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