

P1500089215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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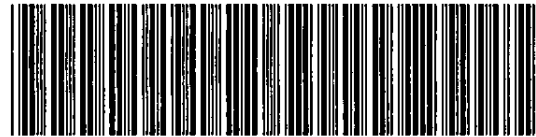
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pine Dental Health, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P15 000089215

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

Please return all correspondence concerning this matter to the following:

Mary Prendiville, DDS
(Name of Person)

Pine Dental Health, PA
(Name of Firm/Company)

1429 N. Pine Hills Road
(Address)

Orlando, FL 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Prendiville, DDS at (305) 972-4887
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


I, Many Prendiville, DDS, hereby resign as President
(Title)

of Pine Dental Health, PA
(Name of Corporation)

P15000089215, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

⊗ Please remove "president" designation as of January 01, 2017. Thank You!

 DDS
(Signature of resigning officer/director)

2017 FEB - 11 PM 1:59
FILED
CLERK 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