

P23 0000 28489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

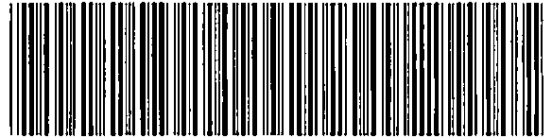
(Business Entity Name)

(Document Number)

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2023 NOV 27 AM 11:19

9/12/10/2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Dental Care Corp.
(Name of Corporation)

DOCUMENT NUMBER: P 230000 28489

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

Please return all correspondence concerning this matter to the following:

Rita C Ayala
(Name of Person)

NORTH DENTAL CARE CORP.
(Name of Firm/Company)

2323 NW 19 STREET Suite #1
(Address)

Fort Lauderdale, FL 33311
(City/State and Zip Code)

For further information concerning this matter, please call:

Rita C Ayala at (786) 385 9131.
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rick C. Ayala, hereby resign as President.
(Title)

of NORTH DENTAL CARE CORP.
(Name of Corporation)

P23000028489, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

120pm
(Signature of resigning officer/director)

2023 NOV 27 AM 11:19

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