

P95000063469

Requester's Name

Leslie H. Sultan, D.M.D., P.A.
David M. Rubin, D.D.S.

Comprehensive Oral & Maxillofacial Surgery Care
180-D S.W. 84th Avenue • Plantation, FL 33324
2480 E. Commercial Blvd. • Ft. Lauderdale, FL 33308

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

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3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 JUN -2 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res.
SP
6/8/00

Examiner's Initials

FILED

00 JUN -2 AM 11:46

RESIGNATION OF REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, LESLIE H SULTAN DDS
(Name of registered agent)

hereby resigns as Registered Agent for Bone Oral & maxillofacial Surgery, PA
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Leslie H Sultan

(Signature of resigning agent)

If signing on behalf of an entity:

Leslie H SULTAN DDS

(Typed or Printed Name)

Secy / Treasurer

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314