

**P9500068143**

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)  
**3320 S.W. 87 AVENUE**  
 (Address)  
**MIAMI, FLORIDA (305)552-5973**  
 (City, State, Zip) (Phone #)

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

**500003317715--0**  
 -07/10/00--01027--018  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

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

- DENT CAST DENTAL LABORATORIE,  
 (Corporation Name) (Document #)
- Resignation  
 (Corporation Name) (Document #)
- 02 offices  
 (Corporation Name) (Document #)
- 00  
 (Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
 JUL 10 PM 4:23  
 TALLAHASSEE, FLORIDA

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/>            | Amendment                             |
| <input checked="" type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input type="checkbox"/>            | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

Examiner's Initials 1002  
7/10/00

FILED  
00 JUL 10 PM 4:23  
STATE  
TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

I, Oscar E. Lozada, hereby resign as Vice President/Secretary  
(Title)

of DENT CAST DENTAL LABORATORIE, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

 - Oscar E. Lozada  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**