1960000 96 233 OFFICE USE ONLY (Document #) LAZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #)

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NEW FILINGS	AMENDMENTS	10	-
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NonProfit	Resignation of R.A., Officer/Director		
, Limited Liability	Change of Registered Agent	<i>7</i> • · · · · · · · · · · · · · · · · · · ·	
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## RESIGNATION OF OFFICER AND DIRECTOR AFFIDAVIT

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally apparead, FRANK FERNANDEZ, who upon being first duly sworn, says the following:

- 1. That I, FRANK FERNANDEZ, have resigned as President of FAMILY DENTAL CARE CENTER OF MIAMI FLA. CORP., a Florida Corporation.
- 2. That the corporation has been notified in writing of the resignation.

FURTHER AFFIANT SAYETH NAUGHT.

FRANK FERNANDEZ

Sworn to and subscribed before me this day of Nov., 2000. The undersigned notary public specifies tha affiant's signature is the signature being notarized and that affiant personally appeared before the notary at the time of notarization. Affiant is personally know or has furnished

as identification.

Notary Public State of Florida

Mi Commission Expires:

Jorge R. Lopez

Commission # CC 790914

Expires NOV. 15, 2002

BONDED THRU

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