

P97000084276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

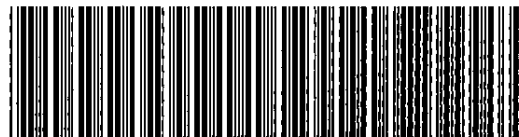
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Off Resign  
T Lewis  
11-14-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocean Dental Management, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P970 00084276

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

Please return all correspondence concerning this matter to the following:

M. FRIED

(Name of Person)

(Name of Firm/Company)

14280 S. MILITARY TRAIL

(Address)

DELRAY BEACH, FL 33484-9998

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at ( )  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RECEIVED

11 NOV -9 PM 1:09

TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED


11 NOV -9 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Mitchell H. Frijo, hereby resign as VTD  
(Title)

of Ocean Dental Management, Inc.  
(Name of Corporation)

P97000084276 a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**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