P97000 | 10 7718

Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| | NEW FILINGS |
|---|---|
| | Profit |
| | NonProfit |
| | 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 |
| | Name Reservation |

| | REGISTRATION/ QUALIFICATION |
|---|---|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P97000077??

| Examiner's Initials | |
|---|---|

CR2E031(1/95)

# OFFICER / DIRECTOR RESIGNATION

I, Jose' E Quintana, hereby resign as President
(Title)

of Family Dental Plan 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.

Jose' E Quintana
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Family Dental Plan Inc.
15476 NW 77 Ct. Suite #625
Miami Lakes, FL 33016
305-821-6970
ATTN: Ramon Zardon

**FILING FEE IS $35.00**

CR2E044(10/96)