P97000108777

(Requestor's Name)		
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(City/State/Zip/Phone #)		
☐ PICK-UP ☐ WAIT ☐ MAIL		
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SECRETARY DE SEATE
ALL AHASSEELTLORIDA

C. LEWIS

APR 1 8 2014

EXAMINER

TRANSMITTAL LETTER

	Amendment Section Division of Corporations
	Oral Health Institute of Central Florida, PA (Name of Corporation)
DOCU	MENT NUMBER: P97000108777
The enc	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	eturn all correspondence concerning this matter to the following:
Karl	O. Rayan D.D.S.
•	(Name of Person)
	(Name of Firm/Company)
7208	Sand Lake Road, STE 104
	(Address)
Orla	indo, FL 32819
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
Karl	Rayan at (407)3631904 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amendr Division P.O. Bo	Address: ment Section n of Corporations ox 6327 See, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

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APPROVED
AND
FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

14 APR 14 PM 2: 19

SECRETARY OF STAIR TALLAHASSEF, FLORIDG

լ Karl O Rayan	, hereby resign as Officer
· ·	(Title)
of Oral Health Institute	
•	Corporation)
P97000108777 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314