

P98000001160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael A Podluszky ODS, PA
(Name of Corporation)

DOCUMENT NUMBER: P 98 00000 1160

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

Please return all correspondence concerning this matter to the following:

Michael Podluszky
(Name of Person)

Michael A Podluszky ODS PA
(Name of Firm/Company)

10333 Seminole Blvd. #9
(Address)

Seminole FL 33778
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael at (727) 3938912
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

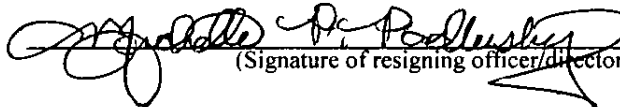
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TALLAHASSEE, FLORIDA

I, Michelle P. Podlusk, hereby resign as Vice President
(Title)

of Michael A. Podlusk, DDS, P.A.
(Name of Corporation)

P98000001160, 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