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CLARK F. EROWN, JR. DDS 2113 SARNO ROAD MELBOURNE, FL 32935

			Office Use Only			
RPORATION NAM	E(S) & DOCUMI	ENT NUMBER	K(S), (if known):			
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fit	Resignation of R.A., C	Officer/Director	-05/2 ****	253138 21/9801039 **87.50 ***	01 **87	
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CLARK F. BROWN, JR. (Name of registered agent)		
hereby resigns as Registered Agent for DENTAL IMPLANTOLOGY OF FLO	DRIDA, PA	
A copy of this resignation was mailed to the above listed corporation at its last known	address.	
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which	
(Signature of resigning agent) If signing on behalf of an entity: (Typed or Printed Name)	SECRETARY OF STATE	APPROVED
(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation