

V52147

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : HODGSON RUSS LLP  
Account Number : 072720000242  
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REGISTERED AGENT RESIGNATION

DENTAL LASER CENTER OF THE PALM BEACHES, INC.

Certificate of Status	0
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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

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

Florida Statutes, the undersigned, HRAWG CORP  
(Name of Registered Agent)

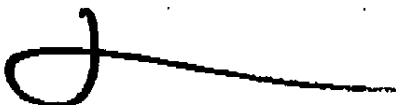
hereby resigns as Registered Agent for DENTAL LASER CENTER OF THE PALM  
BEACHES, INC.  
(Name of Corporation)

V52147

(Document Number, if known)

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 31<sup>st</sup> day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

David M. Stark

(Typed or Printed Name)

Vice President

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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