M00536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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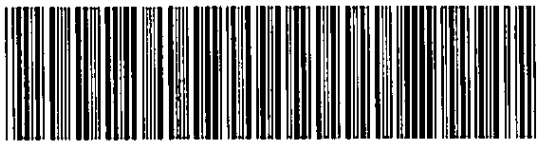

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADIB ANTOINE CHIDIAC M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: M00536

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

Please return all correspondence concerning this matter to the following:

RITA GARULLI-CHIDIAC
(Name of Person)

ADIB ANTOINE CHIDIAC, MD, P.A.
(Name of Firm/Company)

3700 NE 31 AVE
(Address)

LIGHTHOUSE POINT, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

RITA GARULLI-CHIDIAC at (954) 812-0043
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, RITA GARULLI-CHIDIAC, hereby resign as SECRETARY
(Title)

of ADIB ANTOINE CHIDIAC M.D., P.A.
(Name of Corporation)

M00536
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

Rita Garulli-Chidiac
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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