

N13000004575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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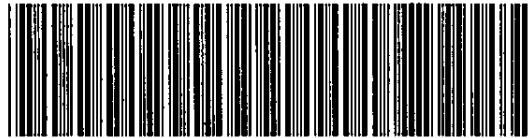
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TALLAHASSEE, FLORIDA

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I ALBRITTON

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Society of Cooperative Medicine + Surgery, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N13000004575

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

Please return all correspondence concerning this matter to the following:

Erin M. Ferber, Esq.  
(Name of Person)

Nicholson + Eastin, LLP  
(Name of Firm/Company)

707 NE Third Ave., Ste. 301  
(Address)

Ft. Lauderdale, FL 33304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Erin M. Ferber, Esq. at (954) 634-4400  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Musni Charara, hereby resign as Vice President  
(Title)

of Society of Cooperative Medicine <sup>AND</sup> Surgery, Inc.,  
(Name of Corporation)

N13000004575, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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