N14000001195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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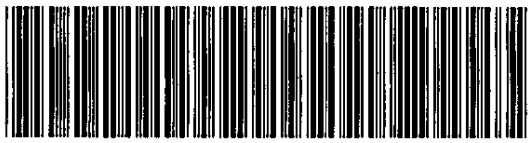

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14 JUL -7 PM 2:45

C. LEWIS
JUL 22 2014
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA SOCIETY OF MOHS SURGEONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N14000001195

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

Please return all correspondence concerning this matter to the following:

TIMOTHY H. KENNEY
(Name of Person)

TIMOTHY H. KENNEY, P.A.
(Name of Firm/Company)

120 Butler Street, Suite B
(Address)

West Palm Beach, FL 33407
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY H. KENNEY, Esq. at (561) 833-8773
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL -7 PM 2:45

I, JOHN STRASSWIMMER, hereby resign as President/Director
(Title)

of FLORIDA SOCIETY OF MOHS SURGEONS, INC.,
(Name of Corporation)

N14000001195, 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