

PO1000050506

(Requestor's Name)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Bay Independent Physician Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P010000 50506

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

Please return all correspondence concerning this matter to the following:

Steven J. Romanello
(Name of Person)

Romanello Professional Association
(Name of Firm/Company)

1566 Sawgrass Corporate Parkway, Park Floor
(Address)

Sunrise, FL 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven J. Romanello at (954) 331-8020
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dipak Shah, M.D., hereby resign as Director
(Title)

of Tampa Bay Independent Physician Associates, Inc.
(Name of Corporation)

P01000050506, 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

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