109000095221

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
MAIL					
(Business Entity Name)					
(Document Number)					
cates of Status					
Special Instructions to Filing Officer:					
:					

Office Use Only



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04/20/10--01039--014 **35.00

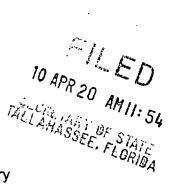
8/20 hours



COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	VECT: THOMAS STEPHEN	N BREZA JF	R MD PA	
	DOO	•	ne of Corpora	tion)
DOC	UMENT NUMBER: P090	000095221		
The e	nclosed Officer/Director Resig	gnation for a (Corporation	and fee are submitted for filing
Please	e return all correspondence cor	ncerning this	matter to the	e following:
Tho	mas S. Breza, Jr.			
	(Name of Pers	on)		
THC	MAS STEPHEN BREZA JI	R MD PA		
	(Name of Firm/Co	mpany)		
434	1 Bougainvilla Dr.			
	(Address)			
Lau	derdale by the Sea, FL 333) 8		
	(City/State and Zip	Code)	_	
For fu	orther information concerning	this matter, p	lease call:	
Thon	nas S. Breza, Jr.	at (352	275-2554
	(Name of Person)		(Area Code	275-2554 & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made	e payable to t	he Florida D	Department of State.
Amen Divisi Clifto 2661	dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301	Mailing Ad Amendmen Division of Post Office Tallahassee	t Section Corporation Box 6327	s

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



10

Jennifer Breza	, hereby resign as	Secretary
*5	,o.ooy 1001gir us_	(Title)
of THOMAS STEPHEN BREZA J	R MD PA	
(Name o	f Corporation)	*
P09000095221 (Document Number, if known)	, a corporation organized ur	nder the laws of the State of
,		
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