

PRADDD71500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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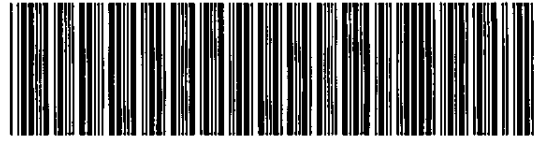
(Business Entity Name)

(Document Number)

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R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orthopedic Solutions of South Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000071500

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

Please return all correspondence concerning this matter to the following:

Ross G Stone

(Name of Person)

Ross G Stone, M.D, P.A.

(Name of Firm/Company)

120 JFK Drive Suite # 124

(Address)

Atlantis, FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather at (**561**) **965-5700**
(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, Dr. Ross G Stone, hereby resign as Medical Director
(Title)

of Orthopedic Solutions of South Florida, Inc
(Name of Corporation)

P12000071500, 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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