P15000035028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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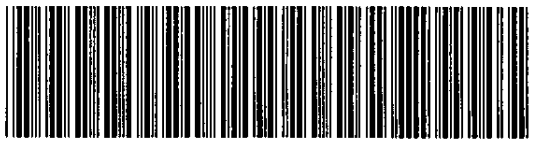

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Excel Medical Associates, Inc
(Name of Corporation)

DOCUMENT NUMBER: P15000035028

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

Please return all correspondence concerning this matter to the following:

Joseph Durandis
(Name of Person)

Excel Medical Associates
(Name of Firm/Company)

4251 E Seneca AVE
(Address)

Weston, FL 33332
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Durandis at (954) 612-8210
(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Sindy Franco, hereby resign as president (Title)

of Excel Medical Associates (Name of Corporation),

P15000035028 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Sindy Franco
(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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TALLAHASSEE, FLORIDA