

P96 000086700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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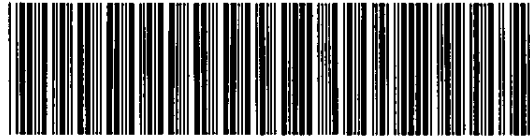
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAY 21 PM 12:28

JUN 05 2014

C. CARROLLERS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VINCENZO PERRONE MD PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P 96.0000 86 700.

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

Please return all correspondence concerning this matter to the following:

MARIA PERRONE  
(Name of Person)

VINCENZO PERRONE MD PA  
(Name of Firm/Company)

1884 59<sup>th</sup> ST WEST  
(Address)

BRADENTON, FL 34209  
(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENZO PERRONE MD at ( 941 ) 795-0011  
(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, MARIA PERRONE, hereby resign as OFFICER / DIRECTOR  
(Title)

of VINCENZO PERRONE MD PA,  
(Name of Corporation)

P96000086700, 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

SECRET  
MAY 21 PM 12:28  
TALLAHASSEE, FLORIDA