

502678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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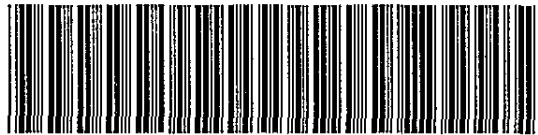
(Business Entity Name)

(Document Number)

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OFF Resign  
T. Lewis 8/7/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vincent Di Carlo, M.D. + Associates, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** 502678

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

Please return all correspondence concerning this matter to the following:

Angela Dehler  
(Name of Person)

Vincent Di Carlo, M.D. + Associates, P.A.  
(Name of Firm/Company)

3903 S. Westshore Blvd.  
(Address)

Tampa, FL 33611  
(City/State and Zip Code)

For further information concerning this matter, please call:

Posanna Garner M.D. at (813) 835-4383  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Angela DeWler, hereby resign as Executive Vice President  
(Title)

of Vincent D. Carlo, M.D. & Associates, P.A.  
(Name of Corporation)

SO2678, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Angela DeWler  
(Signature of resigning officer/director)

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FILED  
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TALLAHASSEE, FLORIDA

**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