

452265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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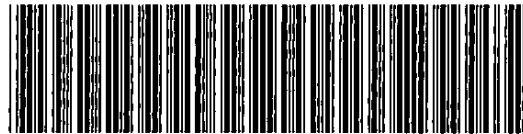
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Roberts FEB 08 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smoley & Roistacher, M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: 452265

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

Please return all correspondence concerning this matter to the following:

Richard M. Roistacher,
(Name of Person)

Smoley & Roistacher, M.D., P.A.
(Name of Firm/Company)

8397 West Oakland Park Blvd.
(Address)

Sunrise, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

Spencer Anne/ at (305) 868-7180
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

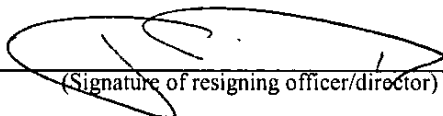
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Richard M. Roistacher, hereby resign as President
(Title)

of Smoley + Roistacher, M.D., P.A.
(Name of Corporation)

452265, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

x  1/30/08
(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