

467031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

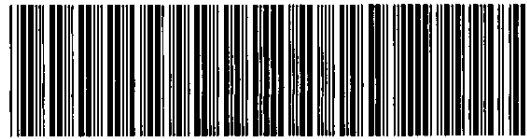
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000210443340

08/01/11--01011--013 **35.00

FILED
AUG - 1 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.
8/4/11
DC

Charlotte Orthopaedic Clinic, P.A.

DAVID J. KALER, M.D., F.A.C.S.
BOARD CERTIFIED
ORTHOPAEDIC SURGEON

HOWARD F. SASLOW, M.D.
FELLOWSHIP TRAINED
JOINT RECONSTRUCTION

JASON E. REISS, D.O.
FELLOWSHIP TRAINED
ADULT RECONSTRUCTION & REVISION
BOARD CERTIFIED
ORTHOPAEDIC SURGEON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Charlotte Orthopaedic Clinic, P.A.
(Name of Corporation)

DOCUMENT NUMBER: 467031

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

Please return all correspondence concerning this matter to the following:

Elizabeth R. McLure

(Name of Person)

Charlotte Orthopaedic Clinic, P.A.

(Name of Firm/Company)

4161 Tamiami Trail, Unit 101

(Address)

Port Charlotte, FL 33952

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth R. McLure

(Name of Person)

at (941) 625-0984

(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

Charlotte Orthopaedic Clinic, P.A.

DAVID J. KALER, M.D., F.A.C.S.
BOARD CERTIFIED
ORTHOPAEDIC SURGEON

HOWARD F. SASLOW, M.D.
FELLOWSHIP TRAINED
JOINT RECONSTRUCTION

JASON E. REISS, D.O.
FELLOWSHIP TRAINED
ADULT RECONSTRUCTION & REVISION
BOARD CERTIFIED
ORTHOPAEDIC SURGEON

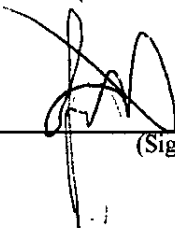
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jason E. Reiss, D.O., hereby resign as Vice President & Secretary
(Title)

of Charlotte Orthopaedic Clinic, P.A.
(Name of Corporation)

467031, 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

FILED
IN AUG - 1 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA