## 447900

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certifiéd Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: RATZAN & CHAN MD PA (Name of Corporation)
DOCUMENT NUMBER: 467 900
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CCAUDIO TODA  (Name of Person)  POTRALIA (HAY) MA PA
(Name of Firm/Company)
4300 ALTON RD -#450 (Address)
MIRML BCH FL 33140 (City/State and Zip Code)
For further information concerning this matter, please call:
Sharon Blackwell at (305) 674.2766  (Name of Person) at (305) 674.2766  (Area Code & Daytime Telephone Number)

TO:

**Amendment Section** 

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

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	KENNETH R- RATZAN, hereby resign as PRESIDENT (Title)	<u> </u>
of_	RATZAN ANCHAN M.D. P.A. (Name of Corporation)	<del></del> ,
	(Document Number, if known), a corporation organized under the laws of the State of	
	FLORIDA	
	(Signature of Vesigning 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