

479058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

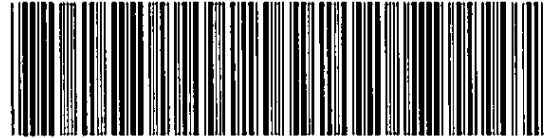
(Business Entity Name)

(Document Number)

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10/19/18--01008--022 \*\*35.00

FILED

2018 OCT 19 P 2 10

STATIONERY UNIT  
FALLMINSTER, IL 60441

OCT 25 2018

T. LEMIEUX

OD

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miami Associates in Pediatric Surgery, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** 479058

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

Please return all correspondence concerning this matter to the following:

Ivy Rocha

(Name of Person)

Miami Associates in Pediatric Surgery, P.A.

(Name of Firm/Company)

3200 SW 60th CT; Suite 201

(Address)

Miami, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Ivy Rocha

(Name of Person)

at ( 305 ) 662-8320

(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

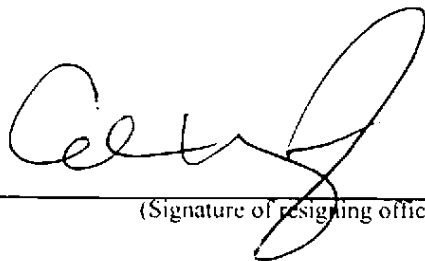
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Colin Knight, hereby resign as Director  
(Title)

of Miami Associates in Pediatric Surgery, P.A.  
(Name of Corporation)

479058, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

 10/10/18  
(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

2018 OCT 19 P 3  
FILED  
TALLAHASSEE, FL